CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of Occidention is not in terms and the property classified. MARGIN RESERVED FOR BINDING H UNFADING INK-THIS IS A PERMAN

	~
	10
	WDITE
100	i.

V. 8.

		Colored 1			RTIFICATE OF DEAT	
	ull NAME Dorot	hy Alexa	nder		Ward) (If death oe a hospital or tion, give its stead of st	curred institu NAME is reet an
PERSO	NAL AND STATISTICA	AL PARTICUL	ARS	MEDICAL C	ERTIFICATE OF DEATH	
remale	TOLON ON MAGE	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Married		, 51, 1351 , 1	
5 DATE OF BI			,	17 I HEREBY CERT	on us, 31, 1971	sed fro
AGE COCCUPATION	25 yrs. 10 mo	0.5	fLESS than dayhrs.	and that death occurred on The CAUSE OF DEATH * w	the date stated above, at 7 a	
particular ki	nd of work	Housewif	е	A. C. Apill C 1144 A		
particular ki (b) General : business, or	nd of work	Housewif	e 	Contributory Sacondary	(Durstion)	••••••••
particular ki (b) General business, or which emplo BIRTHPLAC (State or c) 10 NAME FATHER	nd of work nature of industry establishment in lyed or (employer) country) laryland or country		<u> </u>	Contributory Secondary	(Durstion) 918 7 mos. (Durstion) 918 mos.	
particular ki (b) General business, or which emplo BIRTHPLAC (State or c	nature of industry establishment in eyed or (employer) Maryland OF C Asburn LACE HER or country) Maryland	Volland	e	Contributory Sacondary (Signed) 8/11/31 192 (Add	(Durstion) O yrs. 7 mos. (Durstion) Yrs. mos. (Durstion) Wrs. 7 mos. (Durstion) Wrs. 7 mos. (Durstion) Ind. (Durstion) Ind.	<u></u> М.
particular ki (b) General business, or which emplo BIRTHPLAC (State or e 10 NAME FATHER 11 BIRTHP OF FATI (State of 12 MAIDE OF MOT 13 BIRTHF OF MOT	nature of industry establishment in eyed or (employer) Maryland OF Carry LACE HER Or country) NAME HER Tlorence	Holland Stepney	e	Contributory Sacondary (Signed) 8/11/31 192 (Ade *State the Disease Violeot Causes, state (1 Accideotal, Suicidal or Hom is LENGTH OF RESIDEN ients or Recent Resident: At place Oyrs 6 mos. 1.	(Durstion)	from hether
particular ki (b) General business, or which emplo BIRTHPLAC (State or c 10 NAME FATHER 11 BIRTHP OF FATI (State of OF MOT (State) 12 MAIDE OF MOT (State) 4 THE ABOVE	nature of industry establishment in eyed or (employer) Eountry) Maryland OF Caburn LACE HER Or country) NAME HER PLACE HER Or Country) Aryland NAME TO THE BEST OF	Yolland Stephey	GE	Contributory Sacondary (Signed)	(Durstion)	from hether

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-	
sate.	V
ertitic	=
010	3
on Dack	6
notions	7
266 INST	8
y important.	2 - 0
continued occurration is very important, see instructions on back of certificate	7 6 7 SEXUMENT
	14
	15

PLACE OF DEATH County Carroll, Maryland Tuberculos Colored E Village or City Henryton, Nd. (No	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female Colored Single, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
Aug ., 5, 1890 , 1 (Month) (Day) (Y	17 I HEREBY CERTIFY, That I attended the deceased from Dec., 22, 1930 ₁₉₂ to Aug., 16, 1931 ₁₉₂ Tear) that I last saw her alive on Aug., 16, 1931 ₁₉₂
7 AGE fLESS	bra The CAUSE OF BEATH &
8 OCCUPATION (a) Trade, profession or Housewife particular kind of work Housewife	Pulmonary Tuberculosis
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) O yrs 10 mos 2 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Dursion) yes, mos de.
10 NAME OF Edward Nichols	(Signed) M. D.

FATHER	Edward Nichols
11 BIRTHPLACE OF FATHER (State or country)	Maryland
12 MAIDEN NAME OF MOTHER	Louisa Robinson
13 BIRTHPLACE OF MOTHER (State or Country)	larvland

	(
14	THE ABOVE IS TR	UE TO THE BEST OF MY KNOWLEDGE
	(Informant)	The Mess.
	(Address)	Henryton, laryland
15	Filed 8/16/2	51 192 May Comerce :

Where was disease contracted, if not at place of death?..... Former or usual residence. UNDERTAKER

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.

(Address)

ients or Recent Residents)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.

Registrar

At place of death.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; " "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1	100	-
	WIT		d
	3	3	=
		9	-=
_	. h.	8	H
4		C	
1	5	4	2
		9	6
	N. BWRITE PLAINLY,	mation should be carefully	CAUSE OF DEATH in pla
		-	
	0	0	F
		=	0
	0	W	E-7
		=	10
	~	.0	5
	1	=	
_	-	2	AL.
7		=	0
2	- 1		-
	<u>m</u>		
U 3		-	-
V. S. No. 1	Z	1-	-
		1	*

year) Cluq 1.5 1.15 occupation Type Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) 2.124 Sylvanille Utle 13. NAME 13. NAME 14. BIRTHPLACE (city or town) Date of	STATE OF MARYLAND	-CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	(72)
Legib of ceidence in city or town where death occurred April 2. Full L NAME and a street and number? Legib of ceidence in city or town where death occurred April 2. The control of the c	County Carroll	Registration Dist. No.
2. FULL NAME. (a) Residence: No. Mean Systematics of the Company	Village or City Near Sypesville	
(a) Residence: No. LLAW SUMMARIED, WIDOWED. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Length of residence in city or town where death occurred A for mo	osds. How long In U.S. if of foreign birth?yrs mos ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (with his word) 6. DATE OF BERTH (month, day, and year) 6. DATE OF BERTH (month, day, and year) 7. AGE 7. AGE 7. AGE 8. Trada, profession, or particular 8. S. Trada, profession, or particular 8. S. Trada, profession, or particular 9. S. Trada, profession, or particular 9. S. Trada, profession, or particular 10. S. Trada, professio	2. FULL NAME Daniel, H. an	nigtow
3. SEX 4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR DIVORCED Carrie fine word. 3. Il married, widowed, or divorced HUSSAND of Corp. WIE all Additions of Months of Months (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 19 to		
So. If married, withowed, or divorced (Months) So. Trada, profession, or particular (Months) So. Trada, professi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
## HUSBAND of Corp. VIEE of Settle M. Aurungton 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than loave course on the data stated above, at	OR DIVORCED (write the word)	lug. 6, 193
So DATE OF BIRTH (month, day, and year) 10		A LUED FRY CERTIFY That I would form
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. 8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which SAW MILL BARK, etc. MILL SAW MILL SAW MILL SAW MILL BARK, etc. MIL		
TREATED FORTH INFORMANT A CONTINUE OF THE PROPERTY OF THE PROP	· MA 18, 181.	
Nind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (citate or country) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIETHPLACE (city or town) (State or country) 17. INFORMANTA 17. INFORMANTA 18. BUBHAL CREMATION, OR REMOVED 18. BUBHAL CREMATION, OR REMOVED 19. UNDERTAKER 1	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	
Nind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (citate or country) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIETHPLACE (city or town) (State or country) 17. INFORMANTA 17. INFORMANTA 18. BUBHAL CREMATION, OR REMOVED 18. BUBHAL CREMATION, OR REMOVED 19. UNDERTAKER 1	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAWYER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 1. THE MAIDEN NAME 18. BUBHAL, CREMATION, OR REMOVAL. 19. UNDERTAKER 1	8 Trada profession or particular	
9. Industry or business in which work was adone, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) per finite this occupation (month and year) per finite this occupation (month and year). 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. BUBIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass)	kind of work done, as SPINNER.	wife. Hattie M. Arrington
11. Total time (years) spont in this occupation (month and year) spont in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIBTHPLACE (city or town) (State or country) 17. INFORMANT 18. BUBHAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass) 20. FILERALP 20. FILERALP 20. FILERALP 20. Signed 11. Total time (years) spont in this occupation Other Contributory Causes of importanca: Other Contributory Causes of importance: Other Contributor	9 Industry or business in which	whom the jury belive insane.
Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANTA 18. BUBIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass)		
Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANTA 18. BUBIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass)	5 10. Data deceased last worked at this occupation (month and spent in this	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANTA 18. BUBHAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass) 19. UN	year) Cug. Occupation	Other Contributory Causes of importanca:
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANTA 18. BUBHAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass) 19. UN	12. BIRTHPLACE (city or town)	4.9
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANTA 18. BUBHAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass) 19. UN	(State or country)	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANTA 18. BUBHAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass) 19. UN	E 13. NAME dustin annigton	<u> </u>
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANTA (Address) 18. BUBIAL, CREMATION, OR REMOVA 18. BUBIAL, CREMATION, OR REMOVA 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) (Signed)		Name of operation Date of
Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Home	(State or country)	What test confirmed diagnosis? Was there an autopsy?
Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Home	= 15. MAIDEN NAME Caroline Krisch	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Home	16. BIRTHPLACE (city or town)	Accidant, sulside, or homicida? Homicide Data of injury Aug 6, 19 31
17. INFORMANTAL (Address) 27/2/. Balto, St. Balto 18. BUBHAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)	S (Stata or country)	Where did Injury occur? Sykesville, Carroll Co.
Determinent of Injury 19. UNDERTAKER Neer Son Sur. (Addrass) Ween Son Sur. (Addrass) Ween Son Sur. (Addrass) Ween Son Sur. (Signed) Son Survey Corone is		
Piccular Date Date 19. 19.3 Nature of Injury 19. UNDERTAKER Neer Son Duc. (Addrass) System Date 19. 19.3 (Signed) (Signed) (Signed) (Signed) (Corona)	18. BUBHAL, CREMATION, OR REMOVAL	Manner of injury Gunshot in throat
19. UNDERTAKER Neer Son In. 24. Was disease or Injury in any way related to occupation of deceased? (Addrass) Systematical Coroners (Addrass) Systematical Coroners (Signed) 13.0 Shows Coroners	Landon Cark Date dug, 8, 193	
20 FILE Lug, 6 19 31 alany Wen V(Signer) 130 Million Corone	19. UNDERTAKER Week Son Inc.	24. Was disease or Injury in any way related to occupation of deceased?
20 FILE CLAP 19 31 Covally 1 Section 19 31 Covally 1 S	(Addrass) by versue of the same of the sam	The state of the s
Negara. " (Padress)		(Signed)
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- 10- 10- 10-			
Other contributory causes of importance)	4 /	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

pinous

Every item CIANS sho statement

PLACE OF DEATH Carroll County. Tuberculosis Sanatorium Colored Branch Henryton Village or City_ Emma Bailev ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. Single OR DIVORCED (Write the word) Female. Colored 6 DATE OF BIRTH Feb., 16, 1904 (Day) (Year) 7 AGE Ilf LESS than I day hrs. 8 OCCUPATION (a) Trade, profession or Domestic particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Charles Bailey 11 BIRTHPLACE PARENTS OF FATHER Maryland (State or country) 12 MAIDEN NAME Annie Hollis OF MOTHER 13 BIRTHPLACE OF MOTHER Layyland

(State or Country)

(Address)

(Informant)

STATE OF MARYLAND CERTIFICATE OF DEATH

McRistiation P	190, 110,
it.:Ward)	(If death occurred I a hospital or institution, give its NAME is

number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Year) (Year).... I HEREBY CERTIFY, That I attended the deceased from lay, 29, 1931 192 to Aug., 17, 197, 192 that I last saw h er alive on Aug . 17, 1931, and that death occurred on the data stated above, at 6 . 30 The CAUSE OF DEATH * was as follows: Contributory Secondary (Signed) *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

Where was disease contracted,

if not at place of death?...

usual residence	<u> </u>	Dall Dag
19 PLACE OF BURI	AL OF REMOVAL	PATE OF BURIAL
2	10 -4	111 =

ADDRESS

If more branks are neaded, address State Registrar, 16 W. Saratoga St., Balto., Rsquasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation Stationary fireman, etc. Automobile factory. The material Locomotive engineer, But in many (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease FOR VIOLENT DEATHS state MEANS OF INJURY cough; committee on Nomenclature of the Chronic etc. The affection need not be valvular heart disease; contributory

If this coefficient is booked over thoroughly and all questions answered in Crail, it will prevent further correspondence. All the data is calential and must be obtained before the certificate is permuently flow.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD TH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR NLY, WRITE PL

1.8 No. 1

PLACE OF DEATH	00321 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Sandyville (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary 1. Oa	makenatt steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Mite 5 SINGLE, MARRIED Midow OR DIVORCED (Write the word)	are use (Month) (Day) 8 (Year) 19
S DATE OF BIRTH August 4, 1854 (Month) (Day) (Year)	that I just saw h Mailive on ung 7 1937,
7 AGE If LESS the I day hr	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or a particular kind of work	leur lodice Platation
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Clerte Entero-Calette
9 BIRTHPLACE (State or country) Maryland 1 10 NAME OF	Secondary (Duration) yrs. mos. 5 ds.
FATHER Elisha Flater	(Signed) (Address) Wisterwater, N. D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sophial Settinger	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of death
A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) Mrs. GraMeckley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dandyvilles, filled	Sandyville, Md. Mug. 10, 193/
Filed Registra	J.a. Shawer & Sow Mestricuste
If more blanks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or-given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealloborer, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY or intercurrent) affection need not be Chronic and consequences (e. g., sepsis, etc. The contributory valvulor heort diseose; Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

classifle

t may be properly class on back of certificate. BINDING pinous that CE FOR H UNFADING INK--THIS MARGIN RESERVED be carefully EATH In plai Every item of Information should be car CIANS should state CAUSE OF DEATH statement of OCCUPATION is very import

instructions

	WRITE
No. 1	(-
₽	(

PLACE OF DEATH

20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

09322

STATE OF MARYLAND CERTIFICATE OF DEATH

County Carroll Maryland Colored Branch

Registration Dist. No. 74

Village	or	City Henryton,	(No.	

St.: Ward)

(If death occurred in a hospital or Institu-tion, give its NAME in-atead of street and number.)

Ollie Bibbins ²FULL NAME

	MEDICAL CERTIFICATE OF DEATH
16 DA	TE OF DEATHAUG:, 19, 1931 , 192
17	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
	., 6, 1931 192 . to ug., 19, 1931 192
	last saw h im alive on Augs, 19, 1931, 192
	nat death occurred on the date stated above, at 1.30P m
	AUSE OF DEATH * was as follows:
Sudanonan ona	Pulmonary Tuberculosis
	•
	(Duration) yrs 8 mos d
S	ntributory
••••••	(Datation)
Signed) Thus Collect, M. D
8/1	9/31 192 (Address) Henryton, 11d
	*State the Disease Causing Death, or, in deaths from lent Causes, state (1) Means of Injury and (2) Whether idental, Suicidal or Homicidal.
	NGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	s or Recent Residents)
	o O yrs 5 mos 13 ds. In the 29 yrs 5 mos 13 ds
Where not	was disease contracted, ????? at place of death?
ormer	or 904 B. Madison St., Balto., Md
9 BUA	CE OF BURIAL OR REMOVAL DATE OF BURIAL

PERSONAL AND STATISTICAL PARTICULARS SSINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED.
OR DIVORCED
(Write the word) lale Colored arried 6 DATE OF BIRTH Sept.. (Month) (Day) (Year) 7 AGE If LESS than I day hrs 8 OCCUPATION (a) Trade, profession or Janitor particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) Virginia 10 NAME OF FATHER Charles Bibbins 11 BIRTHPLACE ARENTS OF FATHER Virginia (State or country) 12 MAIDEN NAME Fannie Satchel OF MOTHER 13 BIRTHPLACE OF MOTHER Virginia (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, whatever, write None. borer, Farm laborer, Laborer—Coal minc, etc. Womespecially in industrial employments, it is neces-For many occupations a single word or term on home, who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		PLACE OF DEATH County Carrolf	STATE OF MARYLAND CERTIFICATE OF DEATH		
nonte	Vill	lago or City Hampstead No. 2FULL NAME Mary Bruce	Registration Dist. No. St.: Ward) a hospital or institution, give its NAME in stead of street and number.)		
100		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Dack of	0/	Lewale White B SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)		
ns or		(Month) (Day) (Year)	that I last saw h & alive on Quel J , 198/		
nstructio	7 A		and that death occurred on the data stated abova, at 7 pt m The CAUSE OF DEATH * was as follows:		
ant. See i	(b)	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in	Gaminectorny, Office 2 set, 1931 (Duretion)		
Import	-	chich employed or (employer) our homf CHATHPLACE (State or country) maryland	Contributory / 1510 - Just Of 1515 - de Condary Lengas Just yrs / mos - de		
s very		10 NAME OF FATHER PLU Suuth	(Signed) Edgas M. D. M.		
20	ENTS	OF FATHER (State or country) Servicing,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
AAA	PAR	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
	1	OF MOTHER (State or Country) State or Country)	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted,		
to men	14 7	(Informant) Juliu W British	if not at place of death? Former or usual residence		
raten		(Address) Hampstead my	Shiloh my aug /6, 103)		
3)	15	Filed aug 16 1981 Ilwin S. Leister Registrar	Edw Gipton Hampstend		
		If more hanks are needed, address State Registrar	. 16 W. Saratoga St., Baifo., Requesting V. S. No. 1		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queser," etc., without more precise specimeanner, laborer, Laborer,—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on For persons who have no occupation Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> ntelanus) may be stated under the head of "contributory." Papproved by Committee on Nomenclature carbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

193]

V. S. No. 1

PLACE OF DEATH	09324 STATE OF MARYLAND
County arroll	CERTIFICATE OF DEATH
7/ 11/	Registration Dist. No. 8
Village or City Junos Bridge.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME John Franklin	Brunes tion, give Its NAME It- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED. WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH DOG 27, 1981
(Month) (Day) (Year)	that I lost saw him alive on august 2, 1931.
AGE If LESS than	and that death occurred on the date stated above, at
69 yrs. 0 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	arterio Alleson
(b) General nature of industry business, or establishment in	(Duration) 10 yrs mos ds.
which employed or (employer),	Contributory Jugua Bestons
(State or country) Harford of Mg	Secondary Secondary (Durstion) ytsmos
10 NAME OF FATHER NAT Known	(Signed) (Address) Med Willow or M.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Saphrong Brune	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Not known	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mary O. Baker	Former or usual residence
(Address) Milan Bridgell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
Filed Muy 29, 1931. Prichman	De Horslert Sons Ing Knien Bridge
If more b.anks are needed, addre. State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housetired 6 yrs. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a whatever, write Nonc. business; that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation Loborer--Coal mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the Disease Course of Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." corbolic acid - probably suicide. The nature of tho injury, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PL	7
	WRITE	Property library
0.1		1
o Z		0
٥.	(T	1

1PLACE OF DEATH	09325 STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
MANIN CORPORATE M	Registration Dist. No.
Village or City Weatmensterno. M. 2FULL NAME GEORGE Sche	m. Street St.: Ward) affer Byers (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Married or DIVORCED (Write the word) Male Male (While (Write the word) March 24 (Month) (Day) (Year)	16 DATE OF DEATH Suggest (Month) 2.0 (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Leve fut 1981 to Suggest 2.6 , 1921 that I last saw because on Suggest 2.6 , 1921
7 AGE 7 O yrs. 5 mos. 4 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work Salusman (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland	Contributory Contributory Secondary Contributory Contributory Secondary Secondary Contributory Secondary
10 NAME OF FATHER Clanuel Byers 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME 2	(Signed) M. D. M.
OF MOTHER Manda Deheaffer 13 BIRTHPLACE OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death State State Mrs. Mos. ds. Where was disease contracted, if not at place of death?
(Informant) Mrs Ellen Baughman (Address) Westminster Ind 15 Filed 8/30 1923/ // Www. Word	Former or usual residence
Registrar	Hoankard +JM (Nechnunder

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Statement of Occupation-Precise statement of ocfulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housewaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the Locomotive engineer,

Statement: of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or Whooping cough; Never report mere symptoms or terminal condiintercurrent) affection need not be Chronic etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH County.	09326 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Fryickling And	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2	2FULL NAME Clara Bloker	stead of street and number.)
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
מכצ	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED Manie (Write the word)	16 DATE OF DEATH 8-3-3/, 192 (Month) (Day) (Year)
מסנוסוום	May 13 , 186K (Month) (Dsy) (Year) 7 AGE If LESS than I day, hrs.	I HEREBY CERTIFY, That I attended the deceased from May 1930 192 to Aug 3-3/192 that I last saw have on aug 4-30 192 and that death occurred on the date stated above, at m.
Idalli.	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry tusiness, or establishment in which employed or (employer)	Caramona of Albano (Duration) 1 yrs. 4 mos. de.
Allen to rot might	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 Dubelout 14 Dubelout	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Desth, or, in deaths from Violent Causes, atate (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country)	lents or Recent Residents) At place la the State yrs mos ds Where was disease contracted,
	(Informant) (Address) (Address) (Siled 193/ Accessed for	Where was disease contracted, if not at place of death? Former or the place of Burial OR REMOVAL Date OF BURIAL OUNDERTAKER Date OF BURIAL OUNDERTAKER Date OF BURIAL OUNDERTAKER
	Registrar	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed guged in domestie service for wages, as Servall, Cook loborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the pks-EASE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> idanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from ehildbirth or miscarriage as (name origin; "Caneer" is less definite; avoid cough; Chronic etc. The contributory valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County to arr Registration Dist. No. Ward) (If deoth occurred in a hospital er institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, of 3 SEX 16 DATE OF DEATH poq may bo WIDOWED. MA BINDING (Write the word) 17 That I attended the deceased 6 DATE OF BIRTH nstructions (Month) (Day) (Year) 2 and that death occured on the date stated above, IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: RESERVED ds. or min.? ter OCCUPATION 00 a) I rade, profession or particular kind of work pla (b) General nature of industry business, or establishment in (Duration) importa which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary (State or country) 10 NAMECRE II BURTHPLACE RENTS Discase Causing Death, or, in deaths from 8 ATION etate (1) Means of Injury and (2) whether (State of country) Caus s, 5 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans-PA d state ients or Recent Residents) 13 BIRTHPLACE in the At place OF MOTHER of death yrs......da. State yrs mos. (State or country) Where was disease contracted, if not at place of death?. of Former or statement usual residence DATE OF BURIAL FOBURIAL OR REMOVAL K \bar{o} If mora bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ac.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Saleeman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager." "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwnatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Strionary freman, etc. But in many Physician, Compositor, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons Architect, Locomolive engineer, who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningicis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; inhar pneumonia Bronchopneumonia ("Pneumonia.")

telunus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptomcausing Chronic interstitial nephritis, as fracture of skull, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Uraemia, " "Weakness, "Inanition, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on Examples: A ccidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. "Exhaustion, Whooping cough; Chronic valuat heart disease; (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), " "Marasmus, and consequences (e. g., sepsis statement of cause of "etc., when a definite disease " "Old Age," "Shock," etc. The Sarcoma,, etc., of contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate to permanently filed.

1	. PLACE OF DE	00			(10]·a)		RZ
	County Cole	21	16-			Registration Dist.	No. 0
	Village or City	Noon	brue,	<u></u>	No. f death occurred in a hospital or instit	ution, give its NAME inste	St,
	Length of residence in	city or town where	death occurred	yrsmos	ds. How long In U.S. if	of foreign birth?	yrsmos
:	. FULL NAME	Traile	o Hm.	Costle	4. 80,		
	(a) Residence: No.	*======================================		/	St., Ward.		
personal	PERSONAL A	ND STATIS	(Usual place		MEDICAL C	ERTIFICATE OF	DEATH
3.		OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH		
-	male o	Black	OR DIVORCE	D (write the word)		(Month)	Oay) - 193/
5a.	II married, widowed, or d HUSBANO of	vorced		7	22. ALHEREB	Y CERTIEV I	hat I attended decease
	(or) WIFE of				ang 14"	· /	u/ 20 19
6.	DATE OF BIRTH (month,	day, end yeer) (927 - 6	-29	I last saw h und alive on	any 20 m	0 , 19 3 / ; death
7.	AGE Years	Months	Oays	If LESS than 1 day, hrs.	to have occurred on the date state		m.
	4	1	128	or min.	The PRINCIPAL CAUSE OF DEA	TH and related causes of I	mportance Oate o
V O	8. Trede, profession, or kind of work dor	particular e, as SPINNER,			Barrelostus	cemonely	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				- I fire a const			
CCLEP	work was done, of SAW MILL, BAN		1		-		
φc	10. Oate deceased last this occupation (nonth and	spei	ime (years) nt In this upation			
year) oesupation			Other Contributory Canses of Importance:				
12. BIRTHPLACE (city or town) Mary taud.							
ER	13. NAME (abr !	meyen	,			
ATHER	14. BIRTHPLACE (city of	town)	1		Name of operation		Dete of
(State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)				What test confirmed diegnosis?		Was there an autopsy?	
				23. If death was due to external ca			
16. BIRTHPLACE (city or town) - Tracyland (State or country)			Accident, sulcide, or homicide? Where did Injury occur?	Date	f injury, 15		
17. INFORMANT Mrs. annie Koostley, (Address) Hoodbrie W.D. 18. BURIAL, GREMAPION, OR REMOVAL Place White Roofe Countrie aug v 3, 1931,				Specify whether injury occurred	(Specify city or town, in INDUSTRY, in HOME, o	county and State)	
				Manner of injury			
				Nature of Injury		7	
19	UNOERTAKER	.m.	raltz.	<i></i>	24. Wes diseese or injury in any	wey related to occupation	of deceased?
-	(Address)	21 G	a pre	1/2/11	If so, specify (Signed)	260 le	lel.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
All of the state o	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPAitem of inforshould state 1. PLACE OF DEATH Registration Dist. No. Village cr CH (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? Length of rasidence in city or town where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write tha word) Widow 5a. If married, widowed, or divorced (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. If LESS than 7. AGE Months Days I day. 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. of CCUPAT back 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... on 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spant in this occupation See instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (Stata or country) MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town (Stata or country) (Address) 18. BURIAL.

Registrar.

If more blanks are needed, address State Regist.

Ward

	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
2:	1. DATE OF DEATH (Month) (Day) 193/(Year)
	I HEREBY CERTIFY. That I attended decaesed for the state of the state
1	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic Interestinal Rephrika San 193
	Other Cootributory Caoses of importance:
	Name of operation
	3. If death was due to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
	Manner of injury
2	4. Was disease or injury in any way related to occupation of daceased? If so, specify (Signed) (Address) New Windson, Med.

V.S. No.

19. UNDERTAKER

20. FILED Que

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	YSICIA	IN
---	--------	----

PLACE OF DEATH	09330 STATE OF MARYLAND
County Quiall	CERTIFICATE OF DEATH
M+. 1. 122	Registration Dist. No.
FULL NAME Laura 1.	St.: Ward) (If death occurred is a hospital or institution, give liss NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, MARRIED, WIDOWED Harried OR DIVORCED (Write the word)	16 DATE OF DEATH August 14, 193/ (Month) (Day) (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw har alive on and 14 , 1931.
AGE If LESS than	and that death occurred on the date stated above, at
66 yrs. 5 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(0,)
which employed or (employer)	(Duration)
BIRTHPLACE (State or country) Manulaud	Contributory Secondary (Duration) yrs mos definition
10 NAME OF FATHER	(Signed) C Billing Alm M. D.
11 BIRTHPI ACE	8/10 193/ (Address) Welstmirety
OF FATHER (State or country) Not lessows	*State the Uisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER NOT RECOVER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER MARKETTE	At place of death yrs
(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
1 w 5/2	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) uslument his	Musturester, Med lug 17. 193.
Filed 9/6 198/ Registrar	19 Mayer Store Western to
	r, 16 Wr Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborcr, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Solesmon, (b) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on inay form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Doy factory. The material not gainfully em-Grocery;

Strtement of Cause of Death—Name, first, the Distribution of Cause of Death—Name, first, the Distribution of Causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosfinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by rollway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic volvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE	OF DEATH Carroll		and mul	(23)	0933	CERTIF	CATE	OF D	EATH
Vill		Henryton,	Md (No. C		Br nch	**************************************			(If death	h occurred in al or institu- its NAME in-
	PERSON	AL AND STATISTIC	CAL PARTICU	JLARS		MEDICA	L CERTIF	ICATE O	F DEAT	н
3 5	ex ale	4 color or RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	rried	16 DATE O	F DEATH AU	igust 2	0, 19	31 (Day)	., 192(Year)
6 D	ATE OF BIR	тн J uly yl4, 189 (Month)		, 1(Year)	1/23/	I HEREBY	CERTIFY, T	hat I atte	nded the	deceased from
7 A	GE	37 yrs. 0	nos. 6 ds	If LESS than I day hrs. or min.?	and that d		d on the da	te stated	above, at	12.01 P
(b)	o) General na usiness, or es	ofession or Labor d of work Labor ature of industry stablishment in ed or (employer) Labor untry) Marylar	***************************************		Contrib		(Durat		_ym0	
	10 NAME OF	George			(Signed)	31 192	11	ulC	on,	Lecel M. D.
ENTS	OF FATH (State or	country) Marylar	ıd			te the Disc Causes, stat al, Suicidal or				
PAR	OF MOTH	Susie !			18 LENGTH		DENCE (Fo	r Hospita	ale, Instit	utions, Trans-
14 7	(State or	Country) Mary Lar		Rell.	Where was of if not at ple Former or usual residen	disease contract of death?	wedBalti Waldo	more,	Md. Balto	••••••
15	Filed 8/2	20/31 192 Dept	Aty Loca.		30 UNDER	Alla	- Gr	IN CO	ALL No. 1.	1209 and an

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CORD. I mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state TION is very important. See instructions on back of certificate.

	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	0.0
1. PLACE	OF DEATH			$\phantom{00000000000000000000000000000000000$	34/
County	Carroll			Registration Dist. No	14
Village	or City Lykesv	ıllı		ND. Changfelld Hate Hospital St., If death occurred in a populat or institution, give its NAME instead of street and	Ward
Length o	f residence In city or town who	ere death occurred		s. / ds. How long in U.S. if of foreign birth?yrsm	
2. FULL	NAME Charles	m. Ell	yson		
(a) Res	sidence: No.		1	St. Ward Mit Ranies, Md.	
(4) 1100	NOTICE TO SERVICE TO S	(Usual place	of abode)	If nonresident give city or town and	1 State
	ONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
male male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word) M. d.	21. DATE OF DEATH August 28 = (Day)	, 193 /, (Year)
5a. If married, w HUSBAND (or) WIFE	vidowed, or divorced of	lenk		22. I HEREBY CERTIFY. That I attended angust 28 2 1920, to august 28 2	deceased from
6. DATE OF RIE	RTH (month, day, end yeer)	november 2	5=1895.	6. 4. 4	; death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, at 12.10 A m.	
3	35 9	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
8. Trade, p	profession, or particular	D 1 6		1	Prior hi
SAW	orofession, or particular f of work done, es SPINNER, /YER, BDOKKEEPER, etc	aperha	nger	General Paralysis of the	ange
9. Industry	y or business in which k was done, as SILK MILL, V MILL, BANK, etc		•	9 1	1-1-14
SAW 10. Date de	ceased last worked at	R. 11. Total t	ime (years)	Jusane.	1/2
unis	occupation (month end 19	27 spe	ntin this 7 yo.		1930
12. BIRTHPLAC	Rica Rica	hmon d		Other Contributory Causes of importance:	
	country)	Virgini	a		
13. NAME	Frank N. El	lyson		, , , , , , , , , , , , , , , , , , , ,	
14. BIRTHP	LACE (city or town) Ri	chmond		Name of operation None . Dete of	V
(Sta	ite or country)	Virginia		What test confirmed diegnosis? Taboratory Wes there en	eutopsy? no
15. MAIDEN	I NAME alma /	Bether		23. If death was due to external causes (VIOL ENCE) fill in also the followin	
	LACE (city or town) Ru	.chmond		Accident, suicide, or homicide? Date of injury	, 19
∑ (Sta	ite or country)	Virgini	a	Where did injury occur?	
17. INFORMANT (Address	Springfield Ita	to Hospital (Records)	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	.ACE.
18 BURIAL, CRE	MATION, DE REMOVAL	1 (0)	21 2	Manner of injury	
Meinton	mond!	Date CCC	901,1901	Nature of injury	
19. UNDERTAKE (Address		ree	rud	24. Was disease or injury in any way related to occupation of deceased?	no
20, FILED	ug 291931 G	Harry	Megistrar.	(Signed) John Norfolk Morris (Address) (S. S. N.) Dykesry, Ma	M. D.
	If m	ore blanks are needed.	address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I
Date of onset	The principal cause of death and related causes of importance were as follows:
1915	Arteriosclerosis
1921	Chronie interstitial nephritis
July 5,1927	Cerebral leemorrhage
May 1 1028	Other contributory causes of importance:
May 1,1923	Gallstones
The principal car of importance we Attack of epilepsy Run over by street of Peritonitis Other contributor Gastroenteritis	of importance we 1915 Attack of epilepsy 1921 Run over by street of July 5,1927 Peritonitis Other contributor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 09333
1. PLACE OF DEATH		(82-6)
County learnall	7 	Registration Dist. No. 75
Village or City aleseen	(lf	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death or	ccurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME la attreri	re 19. E	merlay
(a) Residence: No	Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, R DLVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193 3 (Year)
HUSBAND of Cor) WIFE of Lewis Egy	lay	22. SI HEREBY CERTIFY. That I attended decaasad from 1930 to aug 11 1951
6. DATE OF BIRTH (month, day, and year)	19:1848	liast saw how alive on ung / 1931; death is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.
83 4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rewife	Cerebral Thrombosis 9/1/30
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/	
10. Date decaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town). (State or country)	7	Dither Contributor Causes of Importance:
	iler	
13. NAME Loseful Selection 14. BIRTHPLACE (city or town) (State or country)	2'21	Name of operation
15. MAIDEN NAME Linkense	vu	23. If deeth was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Lukenace 16. BIRTHPLACE (city or town).		Accident, sulcida, or homicide? Date of Injury19
E (State er country) hus	sown	Where did injury occur?
17. INFORMANT leharles E	my ley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	-	Manner of injury
Place man chester Dat	aug 14, 1931	Nature of Injury
19. UNDERTAKER Jacob Wrigh	8 Sow	24. Was disaase or injury In any way related to occupation of deceasad?

Registrar.

(Signed)

20. FILED aug 13 , 193/ Apro Dr. Q. J. Denner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find he particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory cover of in-		
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09334
12. 10	(1/4)
700 COL 1 1 D 1 0 70 1 0	Registration Dist. No.
()	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of tesidence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmos. ds
2. FULL NAME I'lldred View Prior	orlley'.
(a) Residence: No. (Usual place of abode)	St./ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, OR DIVORCED (write the word) Longle A fulle	21. DATE OF DEATH (Month) 7 (Day) = , 193 / (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March7-1931	last sawher alive on ang 15 , 193/; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at
- J 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	gastro Enterità
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) Manyland, (State or country)	Other Courted to Large of Importance.
13. NAME J. Howard Escother	
13. NAME & Forward Garenthy 14. BIRTHPLACE (city or town) There Construction Construction	Nama of operation
15. MAIDEN NAME Margaret Ht. Black	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret H. Black) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Slata or country) Muyland,	Where did injury occur?
17. INFORMANT Mrs. J. Howard & sworthy (Address 7. 7. 26) Int. airy Test,	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Socust Grove Data Class - 16-19-31	- Natura of injury
19. UNDERTAKER C. M. Haltz. (Address) Windield Miles	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 15, 1931 Im & Suyder	(Signed) Mustow S. Jegre M. E. (Address) M. Livy Mil.
· ·	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	-1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory eauses of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 *1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

SI-	PLACE OF DEATH	
EX .	Count Carrall	1-83
KACTLY, I classified ate.	Village or City Middleburg (No.	
日子言	2FULL NAME Isaae	Ey
stated proper f certi	PERSONAL AND STATISTICAL PARTICULA	ARS
be be ck	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WINDOWED OR DIVORCED (Write the word)	ried
ehould it may s on ba	6 DATE OF BIRTH	
日七〇	(Month) (Day)	1841 (Year)
on on	27	LESS tha
y supplied.	a occupation (a) Trade, profession or particular kind of work	
uliy piai	(b) General nature of industry business, or establishment in which employed or (employer)	******************************
be caref EATH in importa	9 BIRTHPLACE (State or country) Trederick Co	
ould F D very	10 NAME OF Beter Eugler	-
(0.30	OF FATHER (State or country) 12 MAIDEN NAME	
mat e C	12 MAIDEN NAME OF MOTHER UNKNOWN	
infor	13 BIRTHPLACE OF MOTHER (State or Country).	
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	GE
SE	(Informant) Mus Isaac Eyler	0
CIAN CIAN State	(Address) Middleburg, Mes Sied Aug, 15 1981 Mrs. West S	Siller
-0	R	legistrar

95-0 9335 STATE OF MARYLAND CERTIFICATE OF DEATH

middleburg (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
NAME Isaac Eyl	or stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE. MARRIEDIMANUL WIDOWEDIMANUL OR DIVORCED (Write the word)	16 DATE OF DEATH 8 14, 193 (Month) (Day) (Year)
(Month) (Day) , 1844 (Year) 1844 (Year) 1844 (Year) 1844 (Year) 1844 (Year) 1844 (Year) 1844	17 I HEREBY CERTIFY, That I attended the deceased from 193 / to 9-14 , 193 /, that I last saw h Malive on 8-10- , 193 / and that death occurred on the date stated above, at 3 Q m.
ssion or Sarmer of work Sarmer re of industry blishment in or (employer) ry) redevick los.,	(Duration) yrs. mos. ds. Contributory Delitation of Decard Secondary (Duration) yrs. mos. ds.
Beter Eyler ountry) The	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
e Unknown untry) Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE MS Isaac Eyler A) Middleburg, Sub. 15 1931 Mrs. Olsa S. Siller Registrar Registrar	Where was disease contracted, if not at place of dea.h? Former or usual residence
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

EATH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor, (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhöid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart discase;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	09336 STATE OF MARYLAND CERTIFICATE OF DEATH
	County David	Registration Dist. No. 7
ricare.	Village or City Expressed (No. 1) Forold.	St: Ward) Alicenge (if death occurred in a hospital or institution, give its NAME instead of atreet and number.)
Lec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ons on D	6 DATE OF BIRTH (Month) (Day) (Year)	that I last by har alive on 1921.
Instructi	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date state above, at 22 am. The CAUSE OF DEATH * was as follows:
9	(a) Trade, profession or particular kind of work	
mportant.	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Carle Sles-Colitis
s very in	10 NAME OF Larles W. Flickinger	(Signed) (Address) (Address)
Z	OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Videst Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER many & Hillerlindle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
200	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
010	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death?
nent	(Informant) laharles W. Flickenger	19 PLACE OF BURIAL OR/REMOYAL DATE OF BURIAL
statemen	(Address) Jyranl Ad	concontorn tog aug 12. 1931
00	Filed Luy 11 1931 Margaret Registrar	lo O Fuss & San Janois Fair
	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a without more precise specification as Day (4) Automobile factory. The material single word or term on As examples: (a) (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping cough; as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PL

S. No. 1

PLACE	OF	DEATH	
ounty C	arr	oll	

C



09337 STATE OF MARYLAND H

:R	U	11	IC	AT	E	O	F	DE	AJ
								1	

			Registration	Dist. No.
	LL NAME Wil	n(No	St.: Wat	d) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male Male	4 COLOR OR RACE White	SINGLE, MARRIED, WIOWOD WIDOWEDD (Write the word)	16 DATE OF DEATH August (Month)	18 , 1931 (Year)
DATE OF BIR	August (Month)	7 /847 18 , 1931 (Day) (Year)	Jan 10 181 to Al	ttended the deceased from
AGE	3 3 yrs. 8	mos. 11 ds. If LESS than I day hrs. or min.?	The state of the state of the state of the	ed above, at 12.4.15 m.
(b) General n	ofession or d of work Reti ature of industry	red Farmer		
		ð	Secondary	0 yrs 0 mos 2 ds. bility 2 yrs 0 mos 0 ds.
10 NAME O	F	rock	(Signed) To Cay of W	25el M. D.
OF FATH (State of		and	*State the Disease Causing Deat Violent Causes, state (1) Means of	h, or, in deaths from
12 MAIDEN	HER Cathari	ne Flickinger	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
13 BIRTHPE OF MOTH (State or		land	At place In to death yes	he tateyrsmosds.
THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at place of death?	
(Informant	Mrs, Edwa	rd H.Brown Mills Md.,	19 PLACE OF BURIAL OR REMOVAL Silver Run Cometery	DATE OF BURIAL
FiledCue	919 1981 (alon Banks	20 UNDERTAKER	ADDRESS Littlestown F

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Physiciun, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock, " "Shock," "S causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The n. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertaken. For violent deaths state means of injuly Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be ss important. Example: *Measles* (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	100	-	1	
	ħ	Ā		1
1		head	L	9

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied.

V. S. No. 1

STATE O	F MARYLAND	-CERTIFICATE OF DEATH	3338
1. PLACE OF DEATH		(108)	21/
county Carroll		Registration Dist. No.	17
Village or City Syplesville		No. Apringfiel a State Hospital St., (If death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence In city or town where de	ath occurred 2 yrs. 10	nos. 5 ds. How long in U.S. if of foreign birth?yrs	mos, ds.
2. FULL NAME Lawrence	Gerland		
(a) Residence: No.	~~~~~~	St., Ward Elkudge, Md	
PERCONAL AND CTATIONS	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE	SAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
male White	OR DIVORCED (write the word)	Angust 27 th (Day)	, 193 / (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of		22. / I HEREBY CERTIFY, That I attended	d decaased from
	4	January 9th, 1929, 10 Engust 2	14 . 19.3/
6. DATE OF BIRTH (month, day, and year) ang			; death is said
7. AGE Years Months 0	Days If LESS than		
	ormin.	ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	none	(Pneumonia / Lobar)	87
9. Industry or business in which		Treamera (500 0 vc)	1211
work was done, as SILK MILL, SAW MILL, BANK, atc			
10. Data deceased last worked at this occupation (month and	11. Total time (years) spant in this		1-193
year)	occupation	Other Contributory Causes of Importance:	/
12. BIRTHPLACE (city or town) Bulturn (State or country) M			
# 13. NAME Louis C. Gerla	nd		
4 14. BIRTHPLACE (city or town)		Nama of oparation home Date of	
(State of Country)	nany.	What tast confirmed diagnosis? Physical Digna Was thara a	n autopsy? ho
# 15. MAIDEN NAME I da Kelz		23. If daath was dua to external causas (VIOLENCE) fill in also the following	ing:
16. BIRTHPLACE (city or town)	,	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)	any	Where did Injury occur? (Specify city or town, county and S	tate)
17. INFORMANT Jungfield of at N. (Address) - Sykesville	md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	LACE.
18 BURIAL CREMATION OF REMOVAL	Dat Sug. 31 193	Manner of injury	
W. saes	Cash	Nature of injury	
19. UNDERTAKER (Address)	o mid.	24. Was disease or injury In any way ralated to occupation of dacaased? If so, specify	
20. FILED TUS 2 79 31 94	lany The	(Signad) John Nonfolk Morris, (Address) (5.5.N.) Syphesvell, Md.	M. D.
76 11	Acginiai.	(disas) (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	tample I	5	Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 3 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V.	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			6	`

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

H UNFADING INK-THIS

WRITE

state CAUSE O

00

Cians should statement of

RENTS

classifie properi BINDING it may MARGIN RESERVED be carefully EATH in plai Should I

of certificate.

back

ou

instruction

3 SEX

7 AGE

Male

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

II BIRTHPLACE

OF FATHER

OF MOTHER 13 BIRTHPLACE OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAME

(State or Country)

(Address)

(a) Trade, profession or

particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)...

PLACE OF DEATH County Carroll Maryland

Village or City Henryton

Tuberculosis Sanatorium

09339

STATE OF MARYLAND CERTIFICATE OF DEATH

F	Registration	Dist.	No. 74
	_		

_St.:	 W	rd)

(If death occurred in a hospital or institu-tion, give its NAME instreet and number.)

Samuel David Gordon 2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

Feb., 12, 1914

(Month)

Maryland

Maryland

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Martha Guy

William Gordon

4 COLOR OR RACE

Colored

Colored

SINGLE, MARRIED.

WIDOWED OR DIVORCED

(Write the word)

(Day)

Laborer

(Year)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ilf LESS the l day hr

	MEDIC	AL CER	IIFICATE	OF DEAT	Н
16 DATE	OF DEATH		15 10	131	700
	1-0000000000000000000000000000000000000			31	
***************************************	**************	***************	(Month)	(Day)	(Year)
17				tended the	
July,	6, 1	351 192	to Aug	, 15,	19,192
that I last	teaw h.1	alive or	Aug.	15, 1	931 192
				d above, at	In Market Practice
Ine CAUS	E OF DEA	IM = Was .	ns follows:		
	·····	**************	9 9		••••••
	ulmona	ary Tu	bercul	osis	***************************************
		*****************		***************************************	
	***************	(I	Durstion)	yre. 5	. mos
Contrib	uitary				
Secon			0	***************************************	
		(Duration)	уто	"mos,
Signed)			4,18	100	W.M.
O / 7 E	127		To an		
O/ TO	/ 0 192	(Address) enry	rton, N	Q.
	e the D	isease Ca	using Death	, or, In d	leaths from
*Sta		tate (1)	vieans of I	njury and	(Z) Whether
*Sta Violent Accident	al, Suicidal	or Homicid	al.		
				itale, Institu	
8 LENGT		SIDENCE			
8 LENGT	H OF RE	SIDENCE esidents)	(For Hosp	itals, Instit	utions, Tra
8 LENGT ients or At place of death	H OF RE	SIDENCE esidents)	(For Hosp	itale, Inetit	utions, Tra
ients or At place Of death O Where was f not at p	H OF RE Recent Re yrs	sidents) nosds tracted,	(For Hosp In th St	e 17 yrs	6.mos. 3
ients or At place Of death O Where was f not at p	H OF RE Recent Re yrs	sidents) nosds tracted,	(For Hosp In th St	itale, Inetit	6.mos. 3
ients or At place of death Where was f not at p	H OF RE Recent Re yrs	sidents) nos. 9 ds tracted, th? Bal	(For Hosp In the St. ??????	e 17 yrs	6.mos. 3
ients or At place of death Where was f not at p	H OF RE Recent Re yra	sidents) nos. 9 ds tracted, th? Bal	(For Hosp In the St. ??????	e 17 yrs	Md.
ients or ients or At place of death of Where was f not at p Former or isual reside	H OF RE Recent Re yre I m disease cont lace of dean nee Hyde	sidents) nos. 9 ds tracted, th? Bal	(For Hosp In the St. ??????	e 17 yrs	6. mos. 3

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condietc. The contributory

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Village or City Junou Bridge No.	(19341) - STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 8 St.: Ward) a hospital or institu-
2 FULL NAME Carry Higabell	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH April 28, 1901	17 I HEREBY CERTIFY, That I attended the deceased from 198/. to
7 AGE (Month) (Day) (Year) 17 AGE (If LESS than I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Calledon of land
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) J
10 NAME OF LEAVE W. Brooks	(Signed) M. D. 9-26-193/ (Address) lune 1/201/201/201/201/201/201/201/201/201/20
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lent che / hours	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds, Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) James Free (Address) Junear British	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MA Long Cemetary Cug 27 1931
Filed aug 27, 1981 Prehamme Registrar	De properties Done One minon Parily
If more b.anks are needed, addre & tate Registrat	r, 16 W. Saratoge St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. Stationary fireman, etc. person, irrespective of But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISERA I CAUSING DEATH (the primary affection with respect to time and gausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Disphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, American Medical Association.) Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor", for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory affection need not be

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be exated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact TH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING LY, 1 WRITE PLA V. S. No. 1

PLACE OF DEATH County Canvel	® 09341 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Wishingto Tho. 2FULL NAME Boby Arras	Registration Dist. No. 7 Registration Dist. No. 7 (If death occurred in a hospital or institution, give its NAME insteed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Stillborn 8-11-3/92 (Month) (Day) (Year)
6 DATE OF BIRTH Bone ded 8-11-31	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year) 7 AGE Bon La If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)ds. Contributory Secondary
10 NAME OF Jud. D. Bross	(Signed) (Address) Washington My D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Print (State or Country)	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Lew, D Bross (COS	if not et place of deeth?
(Address) Wishingh At	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL
Registrate If more blanks are needed, address State Registra	16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return" Laborer," "Foreman," "Manager," "Deal-Spinner. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness pof various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a yrs. For persons who have no occupation (b) Colton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EAR IN COUNTY (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofewer (the only definite synonym is "Epidemic cerebrostinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important. carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and n l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

C K	2FULL NAME Margaret lusua	1 Irollie
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
MANA IId be st ay be pr	(Write the word)	16 DATE OF DEATH (Month)
PERM E shou at it m	8 DATE OF BIRTH 8 24, 1931	17 I HEREBY CERTIFY, That I Curey 2 1981. to Chat that I had saw h 2 1 10 16 70 17 1
THIS IS A piled. AC	7 AGE IFLESS than I day hrs.	and that death occurred on the date st The CAUSE OF DEATH * was as follows
INK1 uily sup plain te	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Characteria (Duration)
NFADING d be caref DEATH in	9 BIRTHPLACE (State or country) Mary land	Contributory Secondary (Duration)
TH UNF	11 BIRTHPLACE OF FATHER (State or country) towbleshing, Mid.	(Signed) (Address) (Address) (Address) (Address) (Violent Gauses, state (1) Means of Accidental Viuicidal or Homicidal.
Informat d state C	13 BIRTHPLACE OF MOTHER OF COUNTY OF	B LENGTH OF RESIDENCE (For H ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
WRITE P	(Informant) We alway E. Grotter	Former or usual residence
BE	15 Filed aug 24 193 Javins . Leister Registrar	20 UNDERTAKER SIPTON

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

09342

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

	MEDICAL	CERTIFICATE	OF DEATE	
DATE	OF DEATH	8,	24	, 1982
	***************************************	(Month)	(Day)	(Year
7		RTIFY, That I a		

eath, br. in deaths from f Injury and (2) Whether

ospitals, Institutions, Trans-

n the State yrs mos ds.

DATE OF BURIA ADDRESS

If more branks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeanon as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupations is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Fone. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, business, that fact may be indicated thus; Former (re-Housenwid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, report specifically the occupations of persons en-For many occupations a single word or term on Compositor, Architect, Stotionary fireman, etc. But in many (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrosphul forer (the only definite synonym is "Epidemic cere brospinal meningitis"); Diohlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e, g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., FOR VIOLENT DEATHS STATE MEANS OF INJULY Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease Carcinoma, Sorcoma, etc., of Example: Measles (disease etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all qu stions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF M	IARYLAND-	CERTIFICATE OF DEATH 093	43
1. PLACE OF DEATH			
County Carroll,		Registration Dist. No. 78	
Village or City Winkield -	P. f. D. Westin		Ward
	(If	f death occurred in a hospital or institution, give its NAME instead of street and num	ber)
Longth of residence in city of town where death occu	rredmos.	ds. How long In U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Mary 6.6 H	anus,		
(a) Residence: No. (U	ual place of abode)	St., Ward. If nonresident give city or town and State	te
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	LE, MARRIED, WIDOWED. DIVORCED (write the word)	21. DATE OF DEATH (Monthly (Day)	13 /
5a. If married, widowed, or divorced		22. I HEREBY CERTIFY That I attended deco	
(or) WIFE of Cinguistres Ha	nies),	22. I HEREBY CE/RTIFY. That I attended dece	
6. DATE OF BIRTH (month, day, and year) 1854	-8-	I lest saw h alive on, 19; do	
	Days If LESS than	to heve occurred on the date stated above, etm.	
76 11	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and selated causes of importance were as follows:	
8. Trade, p/ofession, or particular kind of work done, es SPINNER, Hanse SAWYER, BOOKKEEPER, etc.	` 1	apopley	ate of onset
4 Industry or business in which		1	
SAW MILL, BANK, etc			
10. Date deceased last worked et this occupation (month and	1. Total time (years) spent in this		
year)	occupation	Other Contributory Courses of Importance:	
12. BIRTHPLACE (city or town) Marielland	2	a all giggly	
(State of Country)	2)	High blood pressing	2
13. NAME Eligah Hame 14. BIRTHPLACE (city or town)	V,		
14. BIRTHPLACE (city or town)	D.	Name of operation Date of	
- A	Z/a	What test confirmed diagnosis?	psy?
Ŧ.	raines,	23. If death was due to external causes (VIOLENCE) fill In also the following:	
2 16. BIRTHPLACE (city or town) Mary C	and.	Accident, suicide, or homicide? Data of injury	., 19
Gua T. W		Where did Injury occur? (Specify city or town, county and State)	
(Address) P. F. O. Westmins	to me	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	0	Menner of injury	
Place Gruger Cently Date	mg 5= 193/.	- Nature of injury	
19. UNDERTAKER 6.m. Waftz.		24. Wes disease or injury in ony way related to occupation of deceased?	
(Address) Hinfield, Me	d.	if so, specify	-/
20. FILED aug 4. , 1931 & m	7. Farrer Registrar.	(Signed) L. Chris Coroner	3 46
If more blanks are	Y Y Y T	2411 N. Charles Street, Baltimoje, Requesting V. S. Noffe Shuris	ten

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	· interest in the second	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
RUPEAU V.			
Other contributory causes of importance:	and the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

27

-	
Š.	
\mathbf{z}	
ož	
>	

PLACE OF DEATH	09344 STATE OF MARYLAND
County ATT	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Musy Britise	St.: Ward) St.: Ward) (If death occurred In a hospital or Institution, give its NAME Instead of street and
2FULL NAME TUGOT WY X	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ONG 10, 198/ (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
and 27 1849	192 to, 192
(Month) (Day) (Year)	that I last saw has alive on all goods, 1931,
7 AGE	
8 yrs. // mos. /9 ds. or min.	/ / //
BOCCUPATION	To ha Next horden and
(a) Trade, profession or particular kind of work	Colored No Vitro
General nature of industry	general semi con
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE	Contributory Come
(State or country) It st Muralell	Dustical yrs nos 4 ds.
10 NAME OF	Signed) M. D.
FATHER HOMES I	8/18 1931 (Address) Jomotune Po
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
a of MOTHER Many y Lucabrage	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
A Alle	Former or usual residence
(Informant)	IN PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Union Bordge)	Pipo Creek Constr. and 181031.
15 Filed Aug 18, 18 Pichwar Registrar	ROUNDERTAKER ADDRESS ADDRESS UNION BOIL
If more blanks are needed, addf s State Registra	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Sonner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Deal-" etc., without more precise specification as Day fld be used only when needed. As examples: (a) or At Home, and children, not gainfully em-For many occupations a single word or term on mal line is provided for the latter statement; it yrs). Farm laborer, If the business or industry, and therefore an ow (a) the kind of work and also (b) the For persons who have no occupation Laborer-Coal mine, etc. The ques-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart lanure, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom stated unless importan+ (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. "Uraemia, "" "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; L. Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; ngenital," "Senile," etc.), "Dropsy," "Heart failure," "IIaemorrhage," Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUB

o	
×	
vi iv	
>	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1504)
County Carroll	Registration Dist. No. 74
Village or City Dy Keswelle	No Springfield State Hospital St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) 2 / ds. How long In U.S. if of foreign birth? 8 yrs. mos. ch. ds.
2. FULL NAME Charles Huether	
(a) Residence: No. 3820 Trate Queneu (Usual place of abode)	St., Ward. Baltring, Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White OR DIVORCED (write the word)	21. DATE OF DEATH August /3 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 9. 1931, to English 13. 1931
6. DATE OF BIRTH (month, day, and year) October 10th 1860	Hast saw han alive on Agust 12 1931 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.00 A.m.
70 /0 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cabruet Maker V	
SAWYER, BOOKKEEPER, atc.	Cerebrat arterwoclerous 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Saturational nephritis
10. Dato deceased last worked at hard this occupation (month and year) 11. Total time (years) spent in this 45 years occupation	Chring account and reprints
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Celebral Expoplacy, and den
13. NAME Cashar P. Huether	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13. NAME Casfar P. Huther 14. BIRTHPLACE (city or town) (State or country) Sermany.	Nama of operation Norms Data of
(State or country) Germany.	What test confirmed diagnosis Hucae & Laboratory Was there an autopsy? No
15. MAIDEN NAME margaret P. Keller	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME margarit P. Neller 16. BIRTHPLACE (city or town) Serinary.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Springfula State Hospital (Records). (Address) Superville, Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
World Slawn Sur, Date Lug/5, 1931	Nature of injury
19. UNOERTAKER Betch System (Address) Balximore The	24. Was disease or Injury In any way related to occupation of deceased?
20. FILE Lug 3, 1931 CHarry Vr see Registrar.	(Signed) fohn Norfolk Morris M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TPV ATT V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

71	
Š	
ò	
٥.	

PERSONAL AND STATISTICAL PARTICULARS 3 SEX		Maryland Tuberculosi Colored Branc	h
3 SEX			St.: Ward) (If death a hospital tion, give stead of number.)
Penale Colored Whowes, Marping arried (Write the word) 6 DATE OF BIRTH Dec., 6, 1906 (Month) (Day) (Year) 7 AGE BELESS than I day hrs. 1 Age was as follows: 24 yrs. 8 mos. 25 ds. or min.? 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Dusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 VIRGINIA 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 DATE OF BIRTH 16 (Month) (Day) 17 I HEREBY CERTIFY, That I attended the care in the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at the CAUSE OF DEATH " was as follows: Pulmonary Tuberculos: Signed) Signed) Signed) 10 NAME OF FATHER (State or country) Virginia 11 BIRTHPLACE OF MOTHER (State or Country) Virginia 12 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents) Application of the date of the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at the CAUSE OF DEATH " was as follows: Pulmonary Tuberculos: Signed) Signed of the date to country was as follows: Signed of the date of the date of the date of the date of th	PERSONA	AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Contributory Contributory		MARRIED	ried <u>aug., 29, 1931</u>
and that death occurred on the date stated above, at the liday hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Dusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER CState or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Adam of Injury and Control of the date stated above, at the The CAUSE OF DEATH * was as follows: Pulmonary Tuberculos: Pulmonary Tuberculos: Contributory Secondary (Signed) 8/29/31 192 (Address) Only Young to the country of the causing Death, or, in deviced the Disease Causing Death, or, in death or d	6 DATE OF BIRTI	н 	17 I HEREBY CERTIFY, That I attended the d
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Contributory Secondary (Contributory Secondary (Signed) 8/29/31 192 (Address) Only Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institution of Geath Order of Geat	7 AGE	1 day	hrs. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Contributory Secondary (Signed) (Signed) (Signed) *State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (3) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents) At place O of death O yrs 5 mos 2 ds. State A yrs 8. Where was disease contracted, if not at place of death? Former or 1020 N. Eden St., Palt			
Secondary Naryland ONAME OF FATHER John Henderson II BIRTHPLACE OF FATHER (State or country) IZ WAIDEN NAME OF MOTHER (State or Country) I3 BIRTHPLACE OF MOTHER (State or Country) VIRGINIA I4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Secondary Secondary (Signed) (Signed) *State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institution in the State of death) At place Of death was disease contracted, if not at place of death? (Informant) Secondary Secondary (Signed) *State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institution of death) In the State of Country	(a) Trade, profe	ession or Housewife	Pulmonary Tuberculosi
10 NAME OF FATHER John Henderson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LOUISA Craddock 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Signed) *State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (3) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents) At place Of death yrs. State A yrs. State A yrs. State A yrs. State A processor of death? (Informant)	(a) Trade, profiparticular kind (b) General national business, or esternable which employed	ession or Housewife of work Housewife ure of industry ablishment in	Pulmonary Tuberculosi (Duration) 3 yrs. 11
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 OF MOTHER (Informant) 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 17 State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2) 18 LENGTH OF RESIDENCE (For Hospitals, Institution of death yrs. 5 mos. 2 ds. 19 State or Country of Louisa Craddock 10 Means of Injury and (2) 11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 13 SIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 Former or usual residence.	(a) Trade, profiparticular kind (b) General national pusiness, or esta which employed 9 BIRTHPLACE	ession or Housewife of work Housewife ure of industry ablishment in l or (employer)	Pulmonary Tuberculosi (Duration) 3 yrs 11.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 18 LENGTH OF RESIDENCE (For Hospitals, Institution of Recent Residents) At place Of death of Residents Former or Residence of Residents In the State of State o	(a) Trade, profiparticular kind (b) General nativations, or este which employed BIRTHPLACE (State or count)	ession or Housewife of work Housewife ure of industry ablishment in l or (employer) Housewife try) Maryland	Pulmonary Tuberculosi (Duration) Jus 11. Contributory Secondary (Signed)
At place Of MOTHER (State or Country) Virginia 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) At place Of death yes 5 mos 2 ds. State 4 yes 8 where was disease contracted, ??????? Former or 1020 N. Eden St., Ralt	(a) Trade, profiparticular kind (b) General nath business, or este which employed BIRTHPLACE (State or count 10 NAME OF FATHER 00 FATHER (State or c	ession or Housewife of work Housewife ure of industry sblishment in l or (employer) try) Maryland John Henderson	Pulmonary Tuberculosi (Duration) 3 yrs 11 yrs 11 yrs (Signed) (Signed) (Address) enryton, 10
(Informant) (Informant) (Informant) (Informant) (Informant) (Informant) (Informant)	(a) Trade, profiparticular kind (b) General nativations, or este which employed BIRTHPLACE (State or count) 10 NAME OF FATHER 11 BIRTHPLACE (State or count) 2 MAIDEN N	ession or of work Housewife work work work Housewife wire of industry shlishment in lor (employer)	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Chryton, Iddress) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address)
	(a) Trade, profiparticular kind (b) General nath business, or este which employed BIRTHPLACE (State or count 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or count 12 MAIDEN N OF MOTHE 13 BIRTHPLA OF MOTHE	ression or of work Housewife work wre of industry shishment in a or (employer) Maryland John Henderson Tountry) Virginia AME R Louisa Craddock E	Contributory Secondary (Signed) *State the Disease Causing Death, or, in der Violent Causes, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institute ients or Recent Residents) At place O yrs. 5 mos. 2 ds. State 4 yrs. 8
	(a) Trade, profiparticular kind (b) General nativation of the pusiness, or este which employed 9 BIRTHPLACE (State or count) 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or count) 12 MAIDEN NOF MOTHE 13 BIRTHPLA OF MOTHE (State or Count)	ression or of work Housewife work were of industry ablishment in lor (employer)	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institution in the Office of Cause of Causing Death, or, in the State of Causing Death, or, in the State of Injury and (2 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institution in the Office of Causing Death, or, in the State of Causing Death, or, in the Causing Death, or, in the State of Causing Death, or, in the Stat

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesman, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DEEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); spinal meningitis"); Dipluheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1931

Va carpolic acid-probably suicide. The nature of the injury, answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, STICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease perilonaeum, etc., Carcinoma, Sarcoma, etc., oi . (name origin; "Cancer" is less definite; avoid

BINDING

FOR

RESERVED

LARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	15 A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V.S.	<u></u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
--------------------------	-----------------	----	-----------

AGE should be stated EXACTLY

certificate.

Jo back

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

See instructions on

TION is very important.

PHYSICIANS should state CORD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND	
1. PLACE OF DEATH	93-0
County learn oll	Registration Dist. No. 75
Village or City manchester	No. St., Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long to U.S. if of foreign birth?mosds.
2. FULL NAME William Y. d.	Loya
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purific that word)	21. DATE OF DEATH aug 25
made while married	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Man M Lloyd	22. I HEREBY CERTIFY. That i attended deceased from
(or) WIFE of	Cet 1930 to aug 25 1931
6. DATE OF BIRTH (month, day, and year) May 31 4 1857	liast saw h Am alive on ang 33 1,1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, 22 Pt m
74 2 25 1 day. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular	arteriosclerosis, 920
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic myreardelis
9. Industry or business in which work was dona, as SIŁK MIŁŁ,	
SAW MILL, BANK, etc.	
10. Date deceesed last worked at this occupation (month end year) spent in this occupation occupation	
year) Unapation	Other Contributory Conses of importance:
12. BIRTHPLACE (city or town) (State or country)	
	sende denentra 1930
13. NAME Samuel Llayd 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
III Ib. MAIDEN NAME IN A CONTRACTOR AND A CONTRACTOR	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata er country) Mulanown	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Somuelles Loya	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Manchester Date aug 127,193	Manner of injury
0 111	Nature of injury
19. UNDERTAKER Jacov Warles Sous	24. Was disease or Injury in any way related to occupetion of decessed?
(Address) Manchesler mo.	If so, specify
20. FILED aug 27, 1931 Mrs. St. R. S. Dewice	(Signed) M. D.
Registrar.	(Address) / Willemann / William

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find he particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallannes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ward) 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX maria MARRIED. WIDOWED. may be n back OR DIVORCED (Month) (Day) (Month) IIf LESS than 7 AGE I day hrs. min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) Be EA PD 10 NAME OF OF 11 BIRTHPLACE *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and OF FATHER (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME informati C OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death. OF MOTHER (State or Country Where was disease contracted, O Every Item of CIANS should statement of (if not at place of death?... usual residence (Address)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(if death occurred in a hospital or institu-tion, give its NAME instead of street and

number.)

and that death occurred on the date stated above,

and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.....

If more branks are needed, addre State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No

BINDING

ESERVED

OC.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queser," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material 9 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death approved by Committee on letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Inanition," "Heart failure, "naemorrhage, "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	09351 STATE OF MARYLAND
County and	CERTIFICATE OF DEATH
0.0	Registration Dist. No. 72
Village or City Will (Now	
11 1068	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and
2FULL NAME JOURNAL	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Multi Single, MARRIED, WIDOWED. OR DIVORCED ON ON DIVORCED ON	16 DATE OF DEATH OUG 30, 1925 / (Month) (Day) (Year)
6 DATE OF BIRTH Dec /D 1843	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h wwwalive on Cut 29, 1986,
7 AGE [If LESS than	
5 yrs. 8 mos. 20ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Patrial	
particular kind of work	la la men interitation
(b) General nature of industry business, or establishment in	Coll Francisco
which employed or (employer)	XIIIIIII (Duration) / Color most C da
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland	Mobility (Duration) of the fill of the
10 NAME OF PATHER & OF MACA	(Signed) X NO agrey World M. D.
- Camul // for	Self / 1981 (Address) Amon Vally kg
of Father	*State the Disease Causing Death, or, In deaths from
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Church Mant	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and Mank miles	Former or usual residence
(Informate) Julstminster, Ind	19 PLAGE OF BURIAL OR REMOVAL DAJE OF BURIAL Sinds Pun md Sint 2 19 31
15 Filed Sept: 1 1921, Colorin Boulest	20 UNDERTAKED STATES
If more beauty are moded added a task Posisters	16 W Sarntoga St. Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as well laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Chronic interstitial use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi or intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

_	
o Z	
ó	
٠.	

WRITE PL

	PLACE OF DEATH County arroll	(19352 STATE OF MARYLAND CERTIFICATE OF DEATH
1		Registration Dist. No. 74
ficate.	Village or City progression of City Progressio	Oden (If death occurred in a hospital or institution, give its NAME instead of streat and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED LE Braker WIDOWED. OR DIVORCES (Write the world)	(Month) (Day) (Year)
d no su	B DATE OF BIRTH May // , 1900	I HEREBY CERTIFY, That Lattended the deceased from
structio	7 AGE (Month) (Day) (Year) (If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
266 1	6 OCCUPATION (a) Trade, profession or particular kind of work.	Vastre- suteritis.
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) ros de.
mpor	9 BIRTHPLACE (State or country) Mary Land	Contributory Dessalutes Callo
very	10 NAME OF Selliam R Triffell	(Signed) Mulled M. D. M. D. M. D. 9- 1923/ (Address) Lin Serville Med
200	State or country) Mary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A	of MOTHER Efficient. Hade	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Makyland	At place of death yrs. 7 mos. 2 3 ds. In the 3 /yrs. 2 mos 2 8 ds.
ent of	(Informant) Has Setal Legists	Where was disease contracted, if not at place of death. Former or usual residence.
latem	(Address) Risvella Ma	Baltimore Peu, aug 121931
0	Filed Ang 9 1981 Warry Weer Registrar	PO UNDERTAKER COOK Balto Wel
	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many 9 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, taken. For VIOLENT DEATHS State MEANS OF INJURY Whooping cough; approved by Committee on Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, ,"" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

plnods

AGE

carefully

should

-WRITE

B.

OF DEATH

CAUSE mation

may

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Carroll pluods Registration Dist. No. francheed that Aspital (If death occurred in a hospital or institution, give its NAME instead of street and number) RHYSICIANS How long in U.S. if of foreign hirth? Purde Baltimore Md. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) male married. (Month) (Year) classified 5a, If married, widowed, or divorced HUSBAND of mary Turdy 1920 6. DATE OF BIRTH (month, day, end year) While properly stated Months 7. AGE Days

to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 8. Trade, profession, or particular Brur 4 kind of work done, as SPINNER, Day Laboner SAWYER, BOOKKEEPER, etc Bro. RR lo. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... met clare shops Ballo ma 10. Date deceased last worked at month, unk this occupation (month and /919 spent in this 10 years year) _____ occupation _____ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) Prince Singe: Co (State or country) FATHER 14. BIRTHPLACE (city or town)_ Prince Georges Cv. Md. (State or country) MOTHER important. color which 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?... Date of Injury ... 16. BIRTHPLACE (city or town). Prince Georges Co. (Specify city or town, county and State) 17. INFORMANT Frenchild Mate Hospital / Records Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury LION Nature of injury 24. Was disease or injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

kesvelle Carroll Ev. Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1.

M

/	1 PLACE OF DEATH	()9354 STATE OF MAR	YLAND
Count	Jarroll	CERTIFICATE OF	DEATH
Ocum	1	Registration Dist	. No. 7 7
	no Cualitani		d death occurred in
Villag	e or City Learne (No.	St.; Ward)	a hospital or institution,
	The Mark	fer	of Street and number.]
	2 FULL NAME & homas (O. Xmay		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	FDEATH
3 8 2)	MADDIEU, VVI JIA77, A	16 DATE OF DEATH august	2010 1981
9	WIDOWED OR DIVORCED (Write the word)	(Month)	(Day) (Year)
6 DA	TE OF BIRTH	0 0 74	ended deceased from
	law 23 1859	7	8
	(Month) (Day) (Year		19,198/
7 AGI	E I LESS that I day,hr.	S.	
h	72 yrs 6 mos 27 ds. OR min.	The CAUSE OF DEATH & was as follow	s: Lis
000	CUPATION Trade, profession, or	1 Olyonic Exstritis	brotably due-
par	licular kind of work armed	to carcimous of stomach	(Primary Driver)
bus) General nature of Industry iness, or establishment in	(Buralien) 2	yrs mes. di
	ch employed (or employer)	- contributory Circhosis of	Liver
BI	RTHPLACE (State or country)	Secondary bly offerendary carety	iona)
	10 NAME OF	(Buration)	уте тое 4
	FATHER (Idam Shaffer	(Signot) Ceyful 6. Foroste	O /
TS	11 BIRTHPLACE OF FATHER	aug 20 - 1981. (Address). Water	
E E	(State or country) Mary Carry 12 MAIDEN NAME	Causes, state (1) Mr. ns of Injury; and (2 Suicidal of Homicidal.) whether ACCIDENTAL,
PARENTS	OF MOTHER Hors of Richard	D 18 LENGTH OF RESIDENCE (FOR HOSPITALS, II	
	13 BIRTHPLACE	OR RECENT RESIDENTS)	
	OF MOTHER (State or country) Mary Cand	of deethyrsmeeds. Stete, Where was disease centrasted,	yra
14 Th	TE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?	
	(Informant) Clark Straffer	Former or Beval residence	••••••
	Chara Oltabo had	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	(Address) (Larrow Low)	World Chapel	aug 22 1031
	aug 21, 1931 lavin & Leister	20 UNDERTAKER	ADDRESS
- FRE	REGISTRAR	Edw. C. Tipton	Hampstead Is
	If more blanks are needed address State Registry	16 W Serators St Refto. Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--- Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. will; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever Stationary fireman, etc. The material worked on may form part Locomotive engineer, But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of "PUERPERAL peritonitis," etc. genital," "Senilc," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitiai Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "PUERPERAL by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never "Exhaustion," septichaemia," ACCIDENTAL, report mere important

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. V. S. No. 1 N. B.—WRITE PLAINLY, WITH UNFADING IMK—THIS IS A PERMANENT

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	00255
1. PLACE O	//		(50)	09355
County_	surrow,		Registration Dist. No.	83
Village of	Hrods	mill,	No. f death occurred in a hospital or institution, give its NAME instead of	St, Ward
Length of res	idence in city or town where	10	s ds How long In U.S. if of foreign birth? yrs	
2. FULL NA	ME Saras	h V. Sheppe	erd.	
(a) Resider	ice: ND		St., Ward.	
PERSON	IAL AND STATIST	(Usual place of abode)	If nonresident give city of MEDICAL CERTIFICATE OF D	
J. SEX)	4. COLOR OR RACE Black,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 9. (De)	9 - ,193/ (Yeer)
5a. If married, widov HUSBAND of (or) WIFE of	abraham	Sheppord!	22. JUNEREBY CERTIFY. That	l attanded deceased from
6. DATE OF BIRTH	(month, day, and year) 18	69-7-22	Wast saw helfe aliva on any 281	, 19.8 /; daath is seld
6. DATE OF BIRTH 7. AGE Yes	ors Months	Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, at 230 dem. The PRINCIPAL CAUSE OF DEATH and related causes of impo	rtance
8. Trada, prota	ssion, or perticular	ormin.	wera es follows:	Date of onset
SAWYER	ssion, or perticular work done, as SPINNER, , BDDKKEEPER, atc	of home.	Carcinoma	
9. Industry or work wa SAW MII	business in which s done, as SILK MILL, LL, BANK, atc		of Boost	
U 1D. Date dacaas	ad last worked at pation (month and	11. Totel tima (years) spent In this		
year)		occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (ci		land.		
(State er cou	lledo de l	onsey-		
13. NAME 14. BIRTHPLACE	(aity or town)		Name of operation	Date of
(State of	country) Mar	yland.	Whet tast confirmed diagnosis?	
15. MAIDEN NA	ME Martha	lowman,	23. If death was due to external causes (VIOL ENCE) fill In also t	he following:
16. BIRTHPLACI		rules d:	Accidant, suicida, or homicide? Date et in	jury, 19
17. INFDRMANT (Address)	Pussel St.	appard.	Where did Injury occur? (Specify eity or town, countries of the specify whether injury occurred in INDUSTRY, In HOME, or in	inty and State) PUBLIC PLACE,
18. BURIAL, CREMAT	TION, OR REMOVAL	the aug = 31 = , 19 31	Manner of injury	
19. UNOERTAKER _ (Address)	6.m. Walt	I'md.	24. Was disease or injury in any way related to occupation of de	eceesad? first
20. FILED GULG	38,193// Ly	ca M Hewill	(Signed) M.	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
------------	-------	-----	---------	------------	----	-----------	---

1. PLA	S ACE OF DEAT		F MARY	LAND-	CERTIFICATE	OF DEATH	09356
CDI	inty Ca	roll				Registration Dist. N	7/
Vill	age or City	Union	lenen	/	No.	and the state of t	St., Ward
					death occurred in a hospital or institu		of street and number)
	gth of residence in cit	1//	death occurred	Ovrsmos	0,-	of foreign birth?y	rsds.
	0	helin	ral 1	aulu		nny	
(a)	Residence: No		(Usual place of	abode)	St., — Ward. —	If nonresident give cit	y or town and State
PE	RSONAL AN	D STATIST	CAL PARTIC	ULARS	MEDICAL C	ERTIFICATE OF	DEATH
3. SEX		OR RACE	5. SINGLE MARRI OR DOVORCED	(write the word)	21. DATE OF DEATH	Cruy.	(Year)
HUSB	ad, widowad, or divol AND of VIFE of	ced				-	at i attended deceased from
6. DATE OI	F BIRTH (month, day	, end year) h	ov. 11,	1930	I last saw har aliva on	249. 16	193./; daath Is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date state	V /	9
	0	9	5	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT wara as follows:	TH and ralated dayses of Im	Portanca Cate of onset
8. Tra	ida, profession, or pa kind of work dona, a	IS SPINNER.	nou	-	e + "	-0-1	
9. Ind	SAWYER, BDDKKEEI Justry or business in				Exters - C	occes	102
	lustry or business in work was done, as S SAW MILL, BANK, a					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.03.1
5 10. Da	ta daceased last work this occupation (mon yeer)	th and -		e (years) in this ation			
			0034		Dther Coutributory Causes of impo	ortance:	
	LACE (city or town). ate or country)	ma	refleces	2	Convulsi	·04Χ).	Gen (1
13. NA	Mellar	les q	Slave	shung	COUNTY OCCION		1851
_	THPLACE (city or to	wn)/	J	0. 1	Neme of operation		Date of
<u>. </u>	(State or country)	11	zangl	and	What tast confirmed diagnosis?		Was thara an autopsy?
C	IDEN NAME	crop,	nay V	alu	23. If death was due to external car	uses (VIOLENCE) fill in also	the following:
16. BIR	RTHPLACE (city or too (Stata ar country)	vn)/22	200.00		Accidant, suicide, or homicide?	Date of	Injury, 19
	11.	0	y de la		Where did injury occur?	(Specify city or town, o	ounty and State)
17. INFORM (Ad	dress)	AT	raging &	r.# 10	Specify whathar injury occurred in	n INDUSTRY, IN HOME, OF	IN PUBLIC PLACE.
	, CREMATION, DR RI	EMOVAL		~	Manner of Injury	-8-00-00-00-00-00-00-00-00-00-00-00-00-0	
Plac	Xingra	ll, me	_ Date_ CVVQ	1.8.,193	Nature of injury		
	TAKER - BOS	sam (J. Sow	· · · · · · · · · · · · · · · · · · ·	24. Was disease or injury in any w	vay related to occupation of	deceased? /no
(Ad	dress)	Dane	ytown	my.	If so, specify	1000	.00.~
20. FILED	mg 18,1	931 Mas	garet K	Registrar.	(Signed) CAddress)	Delour	md- M.O
		If more	blanks are needed, add	tres State Registrar,	2411 N. Charles Street, Baltimore, Re	equesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	242 5 (VI)	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURHAU V.	July 5, 1927	Peritonitis	3 days ago	
	The second second section of the second sec		TO SEE		
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

TARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County AND County (1998) 1. Place of City, Agreement of the second of the short of the second of the second of the short of the second of the short of the second of the short of the second o	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	357
Village or City Agharith No Amagana Mark World St. Ward Length of residence in city or town where desth occurred			Cost .	- /
Length of residence in city of fourn where death occurred. Length of residence in city of fourn where death occurred. YEAR OF MAN COLOR OR RACE (I) That I American Advance of St., Ward. Throthing, Mod. St., Ward. Throthing, Mod. St., Ward. Throthing, Mod. St., Ward. Throthing, Mod. Be indicated it were and sumber? He mandadent give city or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE MARKED, WIDOWED, OR DIVORCED (write the word) St. III matried, widowed, or divorced (10) Wife of 100 Corner the word) St. III matried, widowed, or divorced (10) Wife of 100 Corner the word) St. III matried, widowed, or divorced (10) Wife of 100 Corner the word) St. DATE OF BIRTH (month, day, and year) F. DATE OF BIRTH (month, day, and year) St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind of work does, as STINKER, Thrue. St. Trade, profession, or particular wind o	County Carroll.		Registration Dist. No.	4
Length of residence in city of town where death occurred. Length of residence in city of town where death occurred. Y. J. S. J. S.	Village or City Sy Resville		No springful stat Hospital. St.	Ward
2. FULL NAME Charles Howard Hade (a) Residence: No. 21 5 First June (Usua) piece of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARREED, WIDOWED, OR DIVORCED Comit the word) Sa. It married, widowed, or divorced (Or) Wife of 7. AGE Years Months 19 1 1/9/1. 18 B. DATE OF BIRTH (month, day, and year) 19 1/1 1/9/1. 18 B. Trade, profession, or particular Side of work dome, as SPINNER, MATL. 3. Industry or business in which S. SAWER, BOUNKEER, etc. 19 Intustry or business in which S. SAWER, BOUNKEER, etc. 10 Date decessed fast worked et this occupation (month and pass) 12 BIRTHPLACE (city or town) (Slate or country) 13 Is, MAME Without Acute 14 Is, BIRTHPLACE (city or town) (Slate or country) 15 Is, MANDEN NAME Comma A PARMAL S. SHAMER Amma A PARMAL S. SHAMER A SHAMER Amma A PARMAL S. SHAMER A SHA			f death occurred in a herpital or institution, give its NAME instead of street and	
(a) Residence: No. 21 S First few (Unsalphee of abode) (Chalphee of abode) (PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE S. SINCLE, MARKED, WIDOWED, OR DIVORCED (comic the word) 4. COLOR OR RACE Male 4. COLOR OR RACE S. SINCLE, MARKED, WIDOWED, OR DIVORCED (comic the word) 4. COLOR OR RACE S. Il married widowed, or divorced (CO) WIFE of (CO) WIFE of 1. DATE OF DEATH 2. DATE OF DEATH 3. SEX (Months) (Vear) 2. DATE OF DEATH 4. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 3. SEX (Months) 1. Sax Mill, Bark, and a sex december on the date steled above, at 22 m. 1. Sax Mill, Bark, etc. 3. Industry to business in which this said to have occurred on the date steled above, at 22 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows. 2. Industry to business in which this spant in this occupation (month and part of this occupation occupation (month and part of this occupation (month and part of this occupation occupation) 2. BIRTHPLACE (city or town) (State or country) Male 3. Il MAIDEN NAME Comma A MANULY 3. Il Matth was due to external causes (VIOLENCE) fill in also the following: 3. Secily whether injury occurred in INDUSTRY, in HONE, or in Public Plake. 3. Secily Marth	41	0.	s. 27 ds. How long in U.S. if of foreign birth? yrs m	ios ds.
PERSONAL AND STATISTICAL PARTICULARS	2. FULL NAME Charles How	ward Wade		
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED Counie the word) Sa. It married, widowed, or divorced White Sa. It married, widowed, or divorced Wissand of (co) wife of Sa. It married, widowed, or divorced Wissand of (co) wife of Sa. It married, widowed, or divorced Wissand of (co) wife of Sa. It married, widowed, or divorced Wissand of (co) wife of Sa. It married, widowed, or divorced Wissand of (co) wife of Sa. It married, widowed, or divorced Wissand of (co) wife of Sa. It married, widowed, or divorced Wissand or Sa. It married, widowed, or divorced Is at saw h. Im. elive on anyont 25 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated above, at. 76 19 81, death is said to have occurred on the date stated	(a) Residence: No. 215 First	Tane	St., Ward. Frostburg, Mod.	
3. SEX A COLOR OR RACE Thick S. SINGLE, MARRED, WIDOWED, OR DIVORCED (winic the word) Shade Thick Shade S. SINGLE, MARRED, WIDOWED, OR DIVORCED (winic the word) So. It married, widowed, or divorced HUSBAND of (Opay) S. DATE OF BIRTH (month, day, and year) F. DATE OF BIRTH (month, day, and year) What I g/1. 7. AGE Years Months Days If LESS than 1/9 H day. Mits of min. S. Trade, profession, or particular the profession of particular the profession of work done as SILK MILL, SAW MILL, BANK, etc. D. D. Date decessed last worked of this occupation month and year) D. Date decessed last worked of the cocupation of the profession of country) T. MALL SAW MILL, BANK, etc. D. Date decessed last worked of the cocupation of the profession of country) M. Silet or country) M. Silet or country) M. Silet or country M. M. D. Date decessed? M. M. D. Date decessed? M. M. D. Date decessed or injury in any way related to occupation of decessed? M. M. D. Occurred the word date stored above, at 7.2 2. M. D. Date decessed in morticated to country decessed? M. D. Date decessed in morticated to country decessed? M. D. Date decessed in morticated to country decessed? M. D. Date decessed in morticated to country decessed? M. D. Date decessed in morticated to country decessed? M. D. Date decessed in morticated to country				1 State
Male Musted Missando Mi	1			
So. If maried, widowed, or divorced HUSBAND of (or) WIFE of S. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 day,	0	OR DIVORCED (write the word)	21. DATE OF DEATH Guent 252	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, c. particular 7. AGE 8. Trade, profession, c. particular 9. Industry or business follows: 9. Industry or	Male Thite	Single		
6. DATE OF BIRTH (month, day, and year) Months ACE Vears Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. 10. Date decessed last worked of the occupation (month end work was done as SILK MILL, SAW MILL, BAHK, etc. 10. Date decessed last worked of the occupation (month end work was done as SILK MILL) SAW MILL, BAHK, etc. 11. Total time (years) spent in his very pain in his ve	5a. If married, widowed, or divorced HUSBAND of		22 I HEDERY CERTIEV That I attended	dosessed from
5. DATE OF BIRTH (month, day, and year) What I agy. 7. AGE Years Months 14 144 144 145 144 144 144 144	(or) WIFE of -		action 29 1030 in august 25	A .
7. AGE Years Months Days If LESS than 1 day, 14, 14, 1 day, 15. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular formulation of the min. 9. Industry or business in which work done, as SPINMER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 10. Date deceased last worked et this occupation (month end year) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. MAME White Add Whate Comma Jumpy 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Amma Jumpy 16. BIRTHPLACE (city or town) (Address) 17. INFORMANT Amaphus Date Amphiba Date Date Date Date Date Date Date Dat	ahr	1 11 / 16 12.		
1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, or min. 9. Industry or business in which work was done, as SPINNER, so that was done as SPINNER, so that worked of this occupation (month and years) 10. Date doneed 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Cultury 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Cuntury 16. BIRTHPLACE (city or town) (Stele or country) 17. INFORMANT Amybus dat Haphia Lyhrull had (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of miportance were as follows: Chremina. Chr				_, ucatii 15 \$alu
3. Trade, profession, or particular kind of work done, as SPINNER, Norw. SAWYER BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date donner was done, as SPINNER, Norw. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date donner was done, as SPINNER, Norw. 10. BIRTHPLACE (city or town) for the particular worked etc. 11. Total time (years) spant in this occupation was decaesal data worked etc. 12. BIRTHPLACE (city or town) for the particular was decaesal data worked etc. 13. NAME What was deed to external causes (VIOLENCE) fill in also the following: 14. BIRTHPLACE (city or town) function was the particular was due to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME Comma John for the particular was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) function was the particular was due to external causes (VIOLENCE) fill in also the following: 17. INFORMANT Manyful stat Applicat Superity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place. 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. Where of injury Netwer of injury Netwer of injury in any way related to occupation of deceasad? 19. UNDERTAKER 19. Where of injury in any way related to occupation of deceasad? 19. UNDERTAKER 19. Where of injury in any way related to occupation of deceasad? 19. UNDERTAKER 19. Where of injury in any way related to occupation of deceasad? 19. UNDERTAKER 19. Where of injury in any way related to occupation of deceasad? 19. Where of injury in any way related to occupation of deceasad? 19. UNDERTAKER 19. Where of injury in any way related to occupation of deceasad? 19. Where of injury in any way related to occupation of deceasad? 19. Where of injury in any way related to occupation of deceasad? 19. Output Deceasa death of the particular in this work. 19. Output Deceasance in the particular in this w		/// 1 day,hrs.		
Skind of work done as SPINNER. SAVYER, BOOKEPER, etc. 9. Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 110. Date deceased last worked et this occupation (month end year) 121. BIRTHPLACE (city or town) (State or country) 13. NAME CAMPA Pade 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Amague Bat Harbita Ryland. That (Address) 18. BURIAL, CREINATION, OR REMOVAL Place 19. UNDERTAKER (Address) 21. Was disease or injury in any way related to occupation of deceased? (Signed) M. D. M. D		7 ' ormin.	(0,1	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAM MILL, BARK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years)	kind of work done, as SPINNER,	hone.	Gneumonia dobar	Cencus
10. Date deceased last worked et this occupation (month end years) spent in this occupation (count end years) (State or country) 12. BIRTHPLACE (city or town) Fractions (State or country) 13. NAME Fullow Fracte (Country) 14. BIRTHPLACE (city or town) (Much.) 15. MAIDEN NAME Country 16. BIRTHPLACE (city or town) (Much.) 17. INFORMANT Amongrus Bat Hapital Replaced (State or country) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) Amongrus Bat Manner of Injury 20. Specify Manner of Injury in any way related to occupation of deceased? 19. UNDERTAKER (Signed) Amongrus Bat Manner of Manner of Injury 21. Specify Manner of Injury 22. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Signed) Amongrus Bat Manner of Manner of Injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Signed) Amongrus Bat Manner of Injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Signed) Amongrus Bat Manner of Injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Signed) Amongrus Bat Manner of Injury 25. Specify Manner of Injury 26. Signed) Amongrus Bat Manner of Injury 27. Was disease or Injury in any way related to occupation of deceased? 28. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Signed) Amongrus Bat Manner of Injury 29. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Signed) Amongrus Bat Manner of Injury 29. Was disease or Injury in any way related to occupation of deceased?	9. tndustry or business in which			- V
12. BIRTHPLACE (city or town) (State or country) 13. NAME PART (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Comma Source 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Amagua at Hapital Reference (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 11. Total time (years) spant in this occupation Other Contributory Causes of importance: 10. Other Contributory Causes of importance: 11. Total time (years) spant in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Name of operation form What test confirmed diagnosis? Physical Superal Was there an autopsy? We as there an autopsy? We as there an autopsy? We as there are autopsy? We accident, suicide, or homicide? 10. Date of Injury Neture of Injury in any way related to occupation of deceased? 15. Specify whether injury in any way related to occupation of deceased? 16. Signed) 17. INFORMANT Amount of Injury Neture o	work was done, as SILK MILL, SAW MILL, BANK, etc.		(100 - 1,70)	
12. BIRTHPLACE (city or town) (State or country) 13. NAME PUBLIC (City or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Comma Sulving 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Amonghula Mat Amphiba Raylandla Mat Reference (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 11. Detail of the Contributary Causes of importance: Other Contributary Causes of importance in the contrib		11. Total time (years)		
12. BIRTHPLACE (city or town) (State or country) 13. NAME (Pulled Product) 14. BIRTHPLACE (city or town) (Purk.) (State or country) 15. MAIDEN NAME (Pulled Product) 16. BIRTHPLACE (city or town) (Purk.) (State or country) 17. INFORMANT Application of the product of the p			Oh- C-11-1 C	
(State or country) 13. NAME (Fultron Fade) 14. BIRTHPLACE (city or town) (Funk) (State or country) 15. MAIDEN NAME (Comman Survey) 16. BIRTHPLACE (city or town) (Funk) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. State or country) 11. Manue of operation for the survey of the state of the survey	12 BIRTHPLACE (city or town) Front	mg	Other Contributary Causes of Importance:	
14. BIRTHPLACE (city or town) (lunk.) (State or country) 15. MAIDEN NAME annua Introly 16. BIRTHPLACE (city or town) (lunk). (Stete or country) 17. INFORMANT Annua to the following: (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 14. BIRTHPLACE (city or town) (lunk). (State or country) Name of operation. Little What test confirmed diagnosis? Physical Signe 9 was there an autopsy? Not was there an autopsy? Not was there an autopsy? Not was the following: Accident, suicide, or homicide? Date of Injury. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Neture of Injury Neture of Injury in any way related to occupation of deceased? If so, specify (Signed) Manner of Injury in any way related to occupation of deceased? (Signed) M. D. M. D. (Signed)		nd.		
What test confirmed diagnosis? Was there an autopsy? Was the following: 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify whether injury occur? Specify whether injury occur? Specify whether injury occur? Neture of Injury Neture of Injury Neture of Injury Neture of Injury in any way related to occupation of deceased? If so, specify whether injury occur? (Signed) Was disease or Injury in any way related to occupation of deceased? (Signed) Was disease or Injury in any way related to occupation of deceased?	13. NAME ONDON Wade			
What test confirmed diagnosis? Was there an autopsy? Was the following: 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify whether injury occur? Specify whether injury occur? Specify whether injury occur? Neture of Injury Neture of Injury Neture of Injury Neture of Injury in any way related to occupation of deceased? If so, specify whether injury occur? (Signed) Was disease or Injury in any way related to occupation of deceased? (Signed) Was disease or Injury in any way related to occupation of deceased?	I A RIPTUPI ACE (city or town) (Zunk.)		Name of operation and Date of	
15. MAIDEN NAME Curma Introduction of the following: 16. BIRTHPLACE (city or town) (und). 16. BIRTHPLACE (city or town) (und). 17. INFORMANT Appendix Olds Hyphilas Referrall. Met (Address). 18. BURIAL, CREMATION, OR REMOVAL (Address). 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Signed) 10. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 11. INFORMANT Appendix Olds Hyphilas Referrally and State) 12. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	(State or country)	£.	Plus serve Deans of Symlone ,	autoney? Wr
(Specify city or town, county and State) 17. INFORMANT Amongfula that Hyphital Ryberall. Ind (Address). 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or Injury in any way related to occupation of deceased? 15. o. specify (Signed) Manner of Injury Neture of Injury (Signed) (Signed) Manner of Manner of Manner of Manner of Manner of Manner of Injury Neture of Injury (Signed) Manner of Manner	15. MAIDEN NAME amma Ane	sne		
(Specify city or town, county and State) 17. INFORMANT Amongfula that Hyphital Ryberall. Ind (Address). 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or Injury in any way related to occupation of deceased? 15. o. specify (Signed) Manner of Injury Neture of Injury (Signed) (Signed) Manner of Manner of Manner of Manner of Manner of Manner of Injury Neture of Injury (Signed) Manner of Manner	E complete the fleeth	1		
(Specify city or town, county and State) 17. INFORMANT Appropriate that Hyphital Repherall. Med (Address). 18. BURIAL, CREMATION, OR REMOVAL Date Date Date Neture of Injury. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	(Stete or country)	d		1
(Address). 18. BURIAL, CREMATION, OR REMOVAL Mode Date Manner of Injury Place Neture of Injury 19. UNDERTAKER (Address) 24. Was disease or Injury in any way related to occupation of deceased? If so, specify Why Norfolk Morris M. D.	M. A. H. STAT. N	habital Ruherrall. ma	10 11	ite)
18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) Address (Address) Manner of Injury Neture of Injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) When Norfolk Morris M. D.	1 //	77	- Specify whether injury occurred in Thousand, in Home, or the object of	INUE.
Place Date Date Neture of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) M. D. M.		4	Manner of Injury	
19. UNDERTAKER (Address) 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) John Norfolk Morris M. D.	1 10 41	Date 28,1931		
(Address) = Ceruse Hele If so, specify John Norfolk Morris. M. D.	714	My		L
Guard 3. Office It see (Signed) John Norfolk Morris. M. D.		140 21	If an analis	
20. FILED (C. S. M.) A. Mary (C.	(1001603)	The state of the s	- Howard The many	M D
Registrar. (Address) Garage U. Copper Co. May	20. FILED 76, 193/	Regions	(Address) (5 & 1) By heavelle. Carrolle.	mai

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	E OF MARYLAND-	-CERTIFICATE OF DEATH 09:	358,
1. PLACE OF DEATH County Carroll		Posishabian Diah Na	14
Village or City Lykes	ville	Registration Dist. No. No. Shungfuld Nato Horpital St., If death occurred in a labellal or institution, give its NAME instead of street and	Ward
Length of residence In city or town 2. FULL NAME Tho		os	
(a) Residence: No. 2/0		St., Ward. Cumberland. Mury	
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAM	OP DAVORCED (queits the word)	21. DATE OF DEATH Angust 16 2 (Month) (Day)	, 193 / - (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Norma		22. I HEREBY CERTIFY. That I attended	
6. DATE OF BIRTH (month, day, and year			.; death is sal
7. AGE Years Mon	9 I day,hrs ormin.	to have occurred on the date stated above, at 9.3 5 f.m. The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc.	ER, Lalesman.	Pulmonary Interculous with	Bron to
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc		hemorkege.	1930
10. Date deceased last worked at this occupation (month and year)	1931 occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Re (State or country)		Diabetes Mellites	Jun 16
13. NAME T. 7. Pral	den		1227
14. BIRTHPLACE (city or town) (State or country)	Kentucky	Name of operation from Date of Date of What test confirmed diagnosis Was there an	autopsy? >
15. MAIDEN NAME hancy	Harp.	23. If death was due to external causes (VIOL ENCE) fill in also the followin	g:
15. MAIDEN NAME Nancy 16. BIRTHPLACE (city or town) (State or country)	Kentucky	Accident, suicide, or homicide?Oate of injury Where did injury occur?	, 19
11. THE ORMAN	State Auspital soulle, md.	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PI	
18. BURIAL CREMATION, OR REMOVAL	En. Date Jug 19, 193	Manner of Injury	
19. UNDERTÄKER HELL (Address) Suffer	Alon Jue.	24. Was disease or Injury In any way related to occupation of deceased?	ho.
20. FILED Sug 1 7,131	CHarry Well Registrar.	(Signed) John Norfolk Morris, (Address) & S.N.) Dykewills, Md.	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	e I		Example II	
The principal cause of death and of importance were as follows:	l related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Corebral hemorrhage	REPLANT V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of imp	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT Mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09359
County Carroll Co.	Registration Dist. No.
Village or City Sykesville Md	No. Springfield State Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Sevrge Walters (a) Residence: No. 1105 S. Kenwood amenu	St. Ward Ballo Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marie M. William (1997)	21. DATE OF DEATH (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBANO of (or) WHEE-of Mrz Annie Statters	July 212 1931 to angust 8 1931
6. DATE OF BIRTH (month, day, and year) With - Wisk - 1895 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw harm aliva on august 74., 1931.; death is salt to have occurred on the date stated above, at 4.15 A/m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	Seneral Paralysis of the 1930
SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and Acc./930) 11. Total tima (years) spent in this / 12 cm	In Susane
12. BIRTHPLACE (city or town) Baltingre (State or country) Mary Land	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) Unhaum (State or country)	Name of operation None Data of What test confirmed diagnosis? Mysical + Faster alors was there an autopsy? No
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) - Unknown (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Springfield stat Hospital (Records) (Address) Sykeville, Md.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 SURIAL, CREMATION, OR REMOVAL Date Ling 12, 1931	Manner of Injury
19. UNDERTAKED F. Finlfourke Jus. (Address) 1000 S. Herwood (180)	24. Was disease or injury in any way related to occupation of daceased? Not
20. FILED Lug 8, 19 31 CHarry Men. Registrar.	(Signad) John Norfolk Morre, M. D. (Address) (S. S.N.) Lykesville. Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact

nstructions on back of

	County Ca	Maryland	Tuber of Colore		0936 anatorium	CERTIFICAT	MARYLAND E OF DEATH
Vi		Henryton, L NAME Nargan	(No	en		St.:War	d) a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSON	IAL AND STATISTIC	AL PARTICI	JLARS	MEDI	CAL CERTIFICATE	OF DEATH
	'emale	Colored	SINGLE, MARRIED, WIDOWED. OR DIVORCEI (Write the word	Nidow		Aug., 15,	1931 , 192
6	DATE OF BIR	June, 26,	1866	, 1(Year)	July, 31,	Y CERTIFY, That I a 193 192 to hug	ttended the deceased from 15, 1931, 1931
7	AGE	65 yrs. 1 mo	. 19 de	If LESS than I day hrs. or min.?	and that death occi		ed above, at 11.20Pm.
	b) General na pusiness, or es which employe	fession or l of work ture of industry tablishment in d or (employer)	Domesti	C _	**************************************	lmonary Tube	yrs 6 mos 0 ds.
	State or cou	Haryland			(Signed)	(Duration)	Mulle M. D.
ENTS	OF FATHE (State or	CE ER country) Maryland				(Address)	n, or, in deaths from Injury and (2) Whether
PAR	OF MOTH	er Laura Fo			1B LENGTH OF R ients or Recent F At place of death yrs.	ESIDENCE (For Hosp tesidents) mos. 15ds. In the	oitals, Institutions, Trans- ne 65 yrs 1 mos 19 ds,
14	(Informant)	TRUE TO THE BEST O	0	Hein,	19 PLACE OF BURI	nklow, Conta	
15	(Addre		aryla	nd Cecco	20 UNDERTAKER	Eville mid	Address 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planker, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. finer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	09361 STATE OF MARYLAND
County Cally Self	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Resorbe (Not preug) 2FULL NAME Minus	Multi State State Office death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Marked OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH November 7. 189/	I HEREBY CERTIFY, That I attended the decessed from
(Month) (Day) (Yesr)	that I last saw h Malive on Ald , 1921
7 AGE 3 9 yrs. 9 mos. 25 ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work MANU	Eutefshalitis roughedune
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Zyrs, mos ds,
9 BIRTHPLACE (State or country) Maryland	Contributory Secondery (Dystion)
FATHER Que M. Woodfield	(Signed) Maud M. Lees M. D.
OF FATHER (State or country) Wakyland	*State the Discase Csusing Douth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidsl or Homicidal.
of MOTHER Que Waters	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Manylaan,	ients or Recent Residents) At place death yrs mos. des. State yrs mos. des.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at place of cash?
(Informant Has betal Recardo	Former or usual residence authors busy Ma
(Address) Ly Cesally My	Cedar Love Md dug 3, 1931
15 Filed ang. / 1923/ Charry Wiser Registrar	J. B. Beall Dree Damssey
If more branks are needed, addre.s State Registrar	, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions manawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact	PLACE OF DEATH County areall	09362 STATE OF MARYLAND CERTIFICATE OF DEATH
rly classified.	Village or City Resucces (Ne Levelin)	Registration Dist. No. Registration Dist. No. Registration Dist. No. Registration Dist. No. Public Street in American a hospital or institution, give its NAME lestend of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	2 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH DUGUET 26, 1983/
ons on b	6 DATE OF BIRTH LUKEUM 1, 185/ (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 1, 192 1 that I last saw h Malive on Aug. 2 6 192 1
n terms so the See Instruction	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at / 0. 4.4 m. The CAUSE OF DEATH * was as follows:
ATH in plai Important.	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) PERTHPLACE (State or country)	(Durstion)
TION IS VOLY	10 NAME OF FATHER MURRIAN II BIRTHPLACE OF FATHER (State or country) Murrian 12 MAIDEN NAME	(Signed) (Duration)
occuPA	OF MOTHER MUSEUM TO THE STATE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
atement of	(Informant) Augusta Herman (Address) Al Revulle Ma	Former or usual residence Julianus Marian Date of Burial Census 28, 1931
T	15 Filed ang 2719231 CHarry Vell Registrar	20 ONDERTAKER Morau Pallo MA

å σį

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return" Laborer," "Foreman," "Manager," "Deal-Physician, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer, (6) material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,"

causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonilis, "(E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condior intercurrent) 'Congenital," "Senile," etc.), "Dropsy, Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked very tho oughly and all qu stions answered in detail, it will prewnit the for correspondence. All the data is essential and must be affained before the certificate is permanently filed.

SA DESTRUCTION OF STREET

	PLACE OF DEATH County ARRALL	(19363) STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 74
	2FULL NAME Katherine	Uls Must all death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED GLOWN OR DIVORCED (Write the word)	16 DATE OF DEATH (1923 / (Month) (Day) (Year)
0000	6 DATE OF BIRTH Calada /8 , 1 8 90 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Pattended the deceased from 1923. to May 2 , 1929, that I last saw her alive on Recommendation, 1929,
	7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
200	(a) Trade, profession or particular kind of work (b) General nature of industry	Veneral artiripolarous
ייים ייים ייים ייים ייים ייים ייים ייי	business, or establishment in which employed or (employer)	Contributory Cylinaia (hybomanic Secondary (Duration) 719 mos ds
600	10 NAME OF FATHER JOHN Smith	(Signed) Mallet M. July M. D. J. D. M. D. J. D. Salle M. D.
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Wilkelmenn Smulli 13 BIRTHPLACE OF MOTHER (State or Country) Mary Land	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
	(Informant) Applelal Regards	if not at place of dea.h? Former or usual residence unuful and MA
	(Address Le Rescuella Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELL' 23, 193
	Filed Lug 20 19231 CHany Men Registrar	Heer Sou du Experielle
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always quality all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

PHYSI-

if information should be carefully supplied. ACE should be stated EXACTLY, Picture CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. BINDING PERMAN FOR H UNFADING INK--THIS IS A MARGIN RESERVED

-
-
-
-6
~
_
DI
Fr
- 1
TE
A/D
1
-
1

Every Item of CIANS should statement of

N. Bra

	llage or City Henn	ll. Aryland Tubercul Colored B	osis sa Branch	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
-	PERSONAL AT	ND STATISTICAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH
		or or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word		16 DATE OF DEATH AUC., 31, 1931 , 192 (Month) (Day) (Year)
	DATE OF BIRTH	ug., 28, 1918 (Month) (Day)	(Year)	17 I HEREBY CERTIFY, That I attended the deceased from ADT a , 22 , 193 leg . to Aug. a 31 , 193 leg that I last saw h er alive on Aug. a , 31 , 1931 , 192
D'	occupation a) Trade, profession sarticular kind of we b) General nature of usiness, or establishr which employed or (er	or Schola industry nent in	r	Pulmonary Tuberculosis (Durstion) 0 yrs 5 mos 0 ds
9 1	STRTHPLACE (State or country) 10 NAME OF FATHER	Maryland Robert Woodla	wn	Secondary (Signed) Turation To mos de Company M. D
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Maryland		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Minnie Boulde Virginia	n	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place O yrs. 4 mos. 9 ds. In the 13 yrs. 0 mos. 3 ds.
14	(Informant)	enryton, Marylan	leile.	Where was disease contracted, ??????? if not at place of death? Former or usual residence, 2533 Salem St., Balto., Md., 19 PLACE OF BURIAL OR PEMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS / 22

ff more bianks are needed, address State Registrate, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH. For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or Envisor Sarroll Edward To	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital of institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala White Single MARBIES (Widowed or DIVORCED (Write the word)	16 DATE OF DEATH (Month) 2 (Day) / 7 5 (Year)
(Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.? B OCCUPATION (a) Trade, profession of particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) O NAME OF FATHER	and that death occurred on the date stated above, at
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Aug 3 193 James S. Leaster Registras	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs death of the State yrs death yrs death of the State yrs death yrs death of the State yrs death yrs de

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many Wom-

Strtement of-Cause of Death—Name, first, the DISTERNET CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis!"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

offelanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL scplicacmia," "PUERPERAL peritonilis," clc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; Chronic valeular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condietc. The contributory Measles;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.